NARRATIVE PORTRAITS OF ASYLUMS:

THE CONTESTED AUTHORSHIP OF MENTAL ILLNESS & PSYCHIATRIC HEALTHCARE IN CONTEMPORARY LEGEND

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In loving memory of my mom, for my dad, and for Mostafa.

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Shannon K. Tanhayi Ahari

NARRATIVE PORTRAITS OF ASYLUMS: THE CONTESTED AUTHORSHIP OF MENTAL ILLNESS & PSYCHIATRIC HEALTHCARE IN CONTEMPORARY LEGEND

Contemporary legends portraying brutal medical treatments, inhumane living conditions, abusive caretakers, and dangerous patients surround numerous derelict psychiatric institutions. These narratives illuminate, reinforce, and sometimes challenge mainstream conceptions of mental illness and mental health care, thus providing insight into the role of narrative in the construction, maintenance, and negotiation of stigmas and stereotypes. My dissertation examines contemporary legends—narratives set in the world as we know it that chronicle plausible, yet improbable events—presently circulating about abandoned psychiatric hospitals that have closed as the result of deinstitutionalization, a movement which saw the gradual transition away from long-term institutional health care for the mentally ill to short-term outpatient care.

From January 2014 to November 2017, I conducted more than thirty interviews with individuals who have knowledge of asylum legend traditions; engaged in participant-observation on numerous supernatural-themed events that market and employ contemporary legends at six different abandoned asylums in the United Kingdom and United States; consulted media reports, hospital records, and oral histories from the former staff and patients of those same six institutions; and collected an abundant corpus of legend texts from university archives, websites, blogs, forums, social media sites, and published collections of ghostlore about abandoned hospitals.

Drawing from this ethnographic and archival research, I argue that asylum legends provide a medium for publics to collectively engage in a dynamic process of (re)living asylums in order to discursively negotiate what mental illness is, how mental illness is caused, and how it should be treated. Further, by analyzing the contestation and reconstruction of asylum history through contemporary legend, I advance an understanding of how individuals and communities cope with the challenges of mental illness and the uncertain future of mental health care.

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Table of Contents

Chapter I

Bedlam Remains: The Haunted Mental Asylum in Contemporary Folklore

The Ghosts of Bedlam

In its inaugural year, 1845, *The London Journal; and Weekly Record of Literature, Science and Art* published a piece entitled "Rebecca Griffiths; Or, Love to Madness." The journal—purveyor of mass-produced sensational news and literature, or penny dreadfuls—would eventually become one of the most popular publications of nineteenth-century Britain (King 2004). In this particular piece, an unknown author describes a tale he heard while at a dinner party.

At the party, the guests become engaged in a friendly debate concerning the conditions required for love to develop. One of the guests, a "grave old gentleman" who was a successful London drysalter (a dealer in chemical products such as dyes, drugs, and food preservatives), presents a narrative he heard from an unnamed source to support his claim "that love [can] be born without encouragement and [can] exist without hope" (364).

It was the late eighteenth century, according to the drysalter, and a young man named Thomas Dupree, who was residing in India at the time, travelled back home to London to visit his uncle, Mr. Walbrook. Mr. Walbrook was a wealthy merchant who employed, among other servants, a maid by the name of Rebecca Griffiths. Rebecca was a "plain homely country girl, extremely neat in her attire, quiet and reserved in her manners, and of a singularly subdued, and modest air." She "waited on the young East Indian"—Thomas Dupree—"with assiduous but not marked attention" (364). However, when Dupree suddenly became ill with a fever, Rebecca cared for him "day and night . . . in anxious attendance" (365). Dupree recovered and before leaving his uncle's home on his journey back to India, he gave Rebecca a guinea to thank her for

her care during his sickness. As Dupree's carriage pulled away from the Waldorf home, Rebecca "was seen wildly following . . . running with the velocity of lightning in the middle of the street, her hair streaming in the wind, and her whole appearance that of a desperate maniac." She ran after the carriage for some time until she was eventually apprehended and taken back to her employer's home.

Driven to "melancholy madness" from unrequited love, Rebecca was institutionalized at London's notorious Bethlem Royal Hospital—the world's oldest continually-running mental healthcare institution, otherwise known as Bedlam (Andrews et al, 1997, 1). The journalist reporting on the drysalter's narrative concludes his piece in *The London Journal* by describing "a tradition in old Bedlam." He states, "that through the heartless cupidity of poor Rebecca's keeper, the guinea of her beloved was sacrilegiously wrested from her." As a result, "her ghost might be seen every night gliding through the dreary cells of that melancholy building in search of her treasure, and mournfully asking the glaring maniacs amidst their wild laughter and horrid shrieks for her lost guinea" (365).

Originally founded in 1247 as the Priory of St. Mary of Bethlehem, the Bethlem Royal Hospital began as a Catholic institution and a sanctuary for the homeless. By the end of the 1300s, Bethlem had transitioned into a "a refuge for the sick and infirm," and by 1403, it was known almost exclusively as an asylum for the insane (National Health Society). Despite its original humanitarian intentions to provide food, shelter, and therapeutic care for the mentally ill, it did not take long for Bethlem to develop an unsavory reputation and for its "alter-ego" of Bedlam, "the metaphor for a world gone mad" to take over (Andrews et al, 1997, 11).

Around the same time that "The Drysalter's Tale" was published, Londoners walking in Bedlam's vicinity frequently reported horrific screams coming from within the hospital's walls.

Rampant rumors—for example, that many patients suffered from demonic possession and were treated with attempted exorcisms—prompted Londoners to fear the unfortunate people incarcerated there, in addition to their keepers (National Health Society).

While the asylum has been a continual source of fear, both Bedlam and its Bedlamites have provoked fascination. From the seventeenth through nineteenth centuries, curious tourists could pay to gawk at the often naked and restrained patients inside (Allderidge 1985), an activity that was popular across North America and parts of Europe (Miron 2011). Indeed, Bedlam's reputation has been so impactful and long-lasting that the very word has infiltrated the English language, denoting "madness," "lunacy," or "a scene of mad confusion or uproar" (*Oxford English Dictionary Online*). The presence of Bedlam as both a word and an institution persists in still other ways as well. It has inspired a variety of video and board games; horror novels like Stephen Gallager's *The Bedlam Detective* (2012) and *Whispers of Bedlam* (2016) by Mark C. King; thrillers including the 1946 *Bedlam* starring Boris Karloff and a lesser-known film from 2015 by the same name; television shows such as the British supernatural drama *Bedlam* (2011–2013), and even a sports rivalry between the University of Oklahoma Sooners and Oklahoma State University Cowboys.

Today, as a modern mental healthcare facility, the Bethlem Royal Asylum prides itself on "promoting mental health and wellbeing . . . so that people get well and stay well" (National Health Society). However, the hospital cannot completely sever itself from the past. Bedlam has moved locations three times since it was established almost eight centuries ago. The busy Liverpool Street Underground Station now stands in the northeast corner of London's financial district, where the asylum's original structure once stood. There, archaeologists have recently excavated approximately 3,000 skeletons from Bedlam's first burial ground. The forgotten

graveyard holds the remains of patients who died between 1569 and 1738, many of whom were victims of the bubonic plague (*BBC News* 2015). Even before the graveyard's discovery, legends about ghosts haunting Bedlam's former locale circulated among the staff members and commuters of London's third-busiest railway station.

In the summer of 2014, I attended a London ghost walk. The guide stopped my tour group outside of the Liverpool Street Underground station entrance. He told us that since the eighteenth century, when Bedlam occupied the grounds, many passersby have reported hearing the phantom screams of a woman, sometimes begging for her half penny to be returned to her. Nearly two centuries following the publication of the drysalter's tragic tale in *The London Journal*, the legend of Rebecca Griffiths remains affixed to the asylum's first locale.

On the tour, I learned that there are other hauntings associated with today's Liverpool Underground Station as well. In 2000—a detail added by one of the many online articles that describe the incident—two security guards are working late one night, reviewing the CCTV camera recordings of a supposedly empty platform in the east tunnel. In one of the shots, they notice the figure of a man in white overalls. While one of the guards investigates, the other stays behind and watches through the security camera as his coworker glances around aimlessly, oblivious to the fact that the interloper is standing immediately beside him. Both guards later return to the spot to find nothing but a pair of white overalls laying on a bench (Horton 2015).

While many—my tour guide and online transmitters of the narrative, for example—have attributed this spirit to the original Bedlam, the Liverpool Underground has more than one tragedy haunting its past. In 1917, during the First World War, 162 people died during an air raid. During World War II, the station was the entry point for thousands of refugee children, many of whom were the sole survivors of Jewish families killed during the Holocaust. In 1993,

the Liverpool Underground was damaged when the Provisional Irish Republican Army detonated a bomb in the Bishopsgate Ward. Finally, in 2005, seven passengers were killed during a terrorist bombing on a train as it was just pulling away from the station. Popular blogs, newspapers, and magazine articles tend to pinpoint Bedlam, as well as its controversial history and abandoned graveyard, as the reason for the Liverpool Station's hauntings and the other tragedies that have occurred there.

For instance, according to one online blogger, who in 2011 published a piece called "Beneath the Grave—Ghosts of the Central Line":

> This terminus is built on the site of a plague pit and one of the several incarnations of the notorious Bedlam. The building of this and neighbouring Broad Street Station involved the disturbance of many final resting places, so really it would be surprising if there were no hauntings here. Sure enough, Liverpool Street and environs are said to be haunted by the ghastly screams of a woman.
>
> The most popular suggestion for the screamer is one Rebecca Griffiths, an inmate at Bedlam in the late 18th century whose illness included a compulsive need to hold on to a particular coin. Upon her death, one of the staff (who was [sic] not known for their selflessness) stole it from her lifeless fingers and Rebecca's inconsolable spirit searches for it still.
>
> More recently, in 2000, the Line Controller sighted a man in white overalls in the tunnels who should not have been there. He sent the Station Supervisor to investigate, who found nothing. What made this particularly peculiar was that the Supervisor found no man

> down there – even though the Controller could see the man on the CCTV screen right next to him. (London Particulars)

As another example, in a 2015 article for *Mysterious Universe*—a news source and podcast series reporting on unexplained phenomena—Paul Seaburn writes:

> Nothing seems to stand in the way of progress these days, but ghosts can sometimes slow it down. That may happen in London as the of a new Liverpool Street rail station awaits the excavation of an estimated 3,000 skeletons buried between 1569 and about 1738 in the cemetery of the Bethlem Royal Hospital—a psychiatric hospital whose treatment of patients was so horrible, its name is the origin of the word "bedlam." Will the ghosts of Bethlem that have appeared at the station move with the skeletons to a cemetery near London or will they stay as a reminder of the bedlam? (Seaburn 2015)

Though Bethlem has not resided at the Liverpool Underground site since 1676, it still exists there in the historical imagination of many Londoners, and, arguably, Bedlam is ground zero for the fear and stigma associated with mental health care facilities.

Since Bedlam, the mental asylum has become a pervasive motif in contemporary supernatural folklore and popular culture in the United States, the United Kingdom, and other regions of the world where treatment for the mentally ill was, at one time, completely institutionalized. Today, despite the closure of most mental hospitals due to deinstitutionalization—which saw the gradual transition from long-term, institutional care for the mentally ill to short-term, outpatient care—the haunted insane asylum motif persists.

In the present study I will examine contemporary legends—narratives set in the world as we know it that chronicle plausible, yet improbable events—presently circulating about

abandoned psychiatric hospitals that have closed as the result of deinstitutionalization. Contemporary legends portraying brutal medical treatments, inhumane living conditions, abusive caretakers, and dangerous patients surround numerous derelict psychiatric institutions. These narratives illuminate and reinforce mainstream conceptions of mental illness and mental health care, thus providing insight into the role of narrative in the construction, maintenance, and negotiation of stigmas and stereotypes. I will also examine other related folkloristic genres and the commodification of haunted asylums through supernatural tourism.

In so doing, I will address the following questions: How does asylum legendry inform vernacular understandings of and responses to mental illness and psychiatric health care? How do narratives embody, reinforce, and contest divergent versions of psychiatric history and the lived experience of asylums? How does the perpetuation of differing asylum histories expressed through narrative catalyze public debates regarding contemporary mental health care, especially in the wake of the deinstitutionalization movement?

I hypothesize that asylum narratives provide a medium for publics to collectively engage in a dynamic process of reclaiming and identifying with the past in order to challenge the "official," "authoritative" historical record and thus discursively negotiate the present concerns of what mental illness is and how it should be treated.

Before an explanation of my materials and methods, key terms, and theoretical approaches, I will provide an overview of the historical context of psychiatric asylums in order to explicate the cultural logic behind the narrative, artistic, and commodified representations of asylums that you will encounter in this dissertation.

Contextualizing the Asylum: From Madhouse to Sanctuary to Ruin

According to history-of-psychiatry-scholar Roy Porter, the concept of madness may be as old as humankind; however, the "formal segregation" of the mad "came late." Previously those deemed insane had been cared for domestically, but the trend toward institutional confinement gained traction during the late Middle Ages, particularly in Western Europe and often under the auspices of Christian or Islamic religious groups (Porter 2002, 89–90). The aforementioned Bedlam is an early well-known example, but there would be many others.

While some early psychiatric hospitals were based on the notion of charity—others were founded as private for-profit institutions. According to Porter, "In urbanized Europe and in North America the rise of the asylum is better seen not as an act of state but as a side effect of commercial and professional society" (Porter 2002, 95). Commonly referred to as "the trade in lunacy," the commodification of mental health care beginning in the early 1800s, especially through the private madhouse, instigated "the development of psychiatry as an art and science. The asylum was not instituted for the practice of psychiatry; psychiatry rather was the practice developed to manage its inmates" (100).

The lunacy trade and the institutional system that supported its development was subject to criticism and censure almost from its inception. For example, in 1791 and 1799, surveyors Henry Holland and James Lewis, respectively, compiled condemning evidence of Bethlem Royal Hospital's horrendous living conditions. Their findings were such that Bethlem was deemed an unfit place to live and a danger to patient health (Andrews et al, 1997, 398–399), and in 1815 the third and final relocation of Bethlem Hospital occurred—this time to an area of London known as St. Georges Field.

Reflecting on deplorable conditions at Bethlem, renowned English author and social critic Charles Dickens reflected:

> The Star of Bethlehem was set in the deep blackness of night . . . [The lunatic] was submitted to depressing treatment that alone would have sufficed to drive the healthiest to madness. The remedy for lunacy which we now find in cheerfulness and hope was sought in gloom and terror. It was the accepted doctrine as regards the lunatic, that he should not find peace on earth or meet with goodwill among men. At the beginning of this century insane people were chained up, and even flogged at certain periods of the moon's age. Treacherous floors were contrived that slipped from under them, and plunged them into what were called baths of surprise. One device, supposed to be remedial in its effect, was to chain the unhappy sufferer inside a well contrived so that water should creep slowly, slowly from his feet up to his knees to his arms, from his arms to his neck, and stop only in the moment that it threatened him with instant suffocation. Dr. Darwin invented a wheel to which lunatics were fastened on a chair and on which they were set revolving at a pace varying up to one hundred revolutions in a minute. Dr. Cox suggested an improvement applicable in some cases, that was to consist in whirling around the lunatic upon this wheel in a dark chamber, and assailing his senses at the same time with horrid noises and foul smells. (Dickens 1857, 146)

Dickens felt that asylums exacerbated rather than alleviated mental illness and that asylum doctors tormented rather than treated their charges. He would become one of many influential nineteenth-century thinkers to publicly voice these concerns.

Reformers like Scottish surgeon and psychiatrist W. A. F. Browne helped spearhead the emerging British lunacy reform movement. In his 1837 publication *What Asylums Were, Are, and Ought to Be*—a collection of five lectures delivered to the administration of the Montrose Royal Lunatic Asylum—Browne denounced the "madhouse" as a place of abuse and chaos in

which mental distress is only aggravated. As a solution, he outlined a vision for the transition from madhouse to asylum, the latter being a space for the alleviation and eventual remediation of mental suffering. Browne hoped to inspire a transition of institutional space for the mentally ill from a disastrous reality—the madhouse, to a utopian ideal—the asylum (Scull xxxiv).

Eventually, reports like those made by Holland and Lewis, Dickens, Browne, and others instigated a series of improved laws and reforms in nineteenth-century Britain intended to safeguard and regulate the care of mentally ill patients. The United States was quick to follow suit. Influenced by developments across the pond, the younger nation had adopted the asylum system in the mid-eighteenth century. During the nineteenth-century, British and American lunacy reforms moved largely in parallel (Scull 1989, 98). Throughout this dissertation, I will thus include examples from both the United States and the United Kingdom due to the interwoven development of mental healthcare within these nations, and the similarities that you will see in the resulting asylum narratives and traditions.

At the crux of British and American asylum reforms was a kind of management known as moral treatment. In contrast to the model of confinement, which as Michel Foucault argues, dominated previous eras in the history of psychiatric institutionalization (2009, 44), the mission of moral treatment was to eventually reintegrate the patient back into society. Intrinsic to this new methodological orientation, asylums—with their aristocratic stateliness, elegant ornamentation, and grandiose size—were designed and built on the premise that architecture was "one of the most powerful tools for the treatment of the insane" (Yanni 2007, 1). Under this ideal, asylum design was actually codified in the mid-nineteenth century when the American physician and advocate for the mentally ill, Dr. Thomas Kirkbride, developed his linear plan (51). Specifically, the structure of the asylum under the Kirkbride plan, with its stylishness,

spaciousness, and light-filled rooms, was intended to contrast the environments from which many patients would have come—cramped urban apartments, farmhouses, prison cells, or Victorian homes with characteristically tiny rooms. Writing in 1844 one doctor expressed, "'being admitted from such situations, if the asylum is comfortable and pleasant, the mere change itself is soothing and restorative'" (54).

The architectural design and inner furnishings of asylums from the mid-nineteenth century onwards aimed to facilitate a home-like, domestic structure of feeling with the administrators and doctors as paternal figures, the nurses as maternal surrogates, and the patients as children (Yanni 55). Kirkbride's linear plan called for a V-shaped design, which promoted a symmetrical and orderly daily existence. The symmetry was also important, as it allowed for patients to view the outside landscape—another key aspect of asylum design—from all parts of the building (58).

Regarding the landscape, nature was considered "essential to the cure" of mental illness "and thus the site of an insane hospital was crucial [to its] success" (Yanni 56). This idea had much to do with the belief that insanity was caused by "the stresses of modern life." Thus, rural and pastoral sites were a priority, and designers devoted much time to landscape and garden design. While symmetry in the asylum building itself was the ideal, many doctors—W.A.F. Browne, for one—promoted "asymmetry," "irregularity," and "roughness" in the surrounding landscape for its ability to inspire exercise and interest in the natural environment (58). Nature also provided occupational therapy, as male patients in particular, were often given gardening duties to keep them busy and engaged (73). Thus, most psychiatric facilities were built on the outskirts of towns and cities, a fact that will become apparent in many asylum legends.

The structure of the asylum functioned not only in a therapeutic sense, but it provided doctors and administrators a means of classifying and "managing" patients. The majority of asylums had pavilions, or wings, and each pavilion typically had three wards or floors. These spatial divisions allowed doctors to classify patients by "type of behavior," but also reward or punish patients by moving them to different wards. "Nicer wards" were cleaner and quieter and only "well-behaved" patients had the privilege of being there (Yanni 64). In addition to this enforced "hierarchy," former patients have described that asylums had both a public and private face. To the public—who saw only the external façade, the central administrative pavilion, and the cleanest wards—the asylum was the elegant stately structure its makers had intended it to be, but the further one moved away from the center, the more it became clear that asylums "were a microcosm of society" with unfortunate class, gender, and racial hierarchies (71).

American asylums built after the Civil War tended to follow the cottage, or segregate plan, as opposed to Kirkbride's linear plan. The latter was considered the congregate system since all patients were housed in one structure or sometimes two—one for women and the other for men. The main difference was that in the cottage plan the asylum was broken down into "smaller units and thus, it was claimed, created a freer and more sociable atmosphere" (Yanni 79). This new design was supposed to make the asylum feel less institutional. However, Andrew Scull (1977) argues that the cottage plan merely led to a repackaging of old problems (107).

Originally intended as a tool for psychiatric treatment, the asylum was, at one time, a symbol of humanitarianism, civic generosity, community pride, scientific progress, and economic vitality. However, despite these well-meaning developments, the institutional system continued to be fraught with notoriety, and examples of certain asylums resembling their madhouse-era predecessors never ceased.

Famously, in 1887, Elizabeth Cochrane Seaman, an undercover "stunt journalist" going by the pseudonym of Nellie Bly, posed as a patient at New York's Blackwell's Island Insane Asylum. Afraid that it would be difficult to convince professionals of her insanity, Bly practiced making "crazy faces" in her mirror at night and kept herself awake so as to appear haggard and unkempt in the morning. Blackwell's doctors admitted her with alarming ease. Bly spent ten days in the asylum, which she would later call a "human rat-trap." Getting out was not so easy as getting in, and in her report *Ten Days in a Madhouse*, she reflected, "From the moment I entered the insane ward on the Island, I made no attempt to keep up the assumed *role* of insanity. I talked and acted just as I do in ordinary life. Yet, strange to say, the more sanely I talked and acted the crazier I was thought to be . . . " (4). For Bly, Blackwell Asylum perpetuated madness instead of curing it. She wrote:

> I was never so tired as I grew sitting on those benches. Several of the patients would sit on one foot or sideways to make a change, but they were always reproved and told to sit up straight. If they talked they were scolded and told to shut up; if they wanted to walk around in order to take the stiffness out of them, they were told to sit down and be still. What, excepting torture, would produce insanity quicker than this treatment? . . . I would like the expert physicians who are condemning me for my action . . . to take a perfectly sane and healthy woman, shut her up and make her sit from 6 A. M. until 8 P. M. on straight-back benches, do not allow her to talk or move during these hours, give her no reading and let her know nothing of the world or its doings, give her bad food and harsh treatment, and see how long it will take to make her insane. Two months would make her a mental and physical wreck. (chapter 12)

Bly's account opened her readers' eyes to the immaturity of the newborn psychiatric profession, which had yet to develop rigorous frameworks for diagnosing and treating mental illness. Her exposé was not the first nor would it be the last to evince that the utopian ideal envisioned by W. A. F. Browne, Thomas Kirkbride, and others had been short-lived, or perhaps never fully realized. Yet, without a doubt, the nineteenth century, with its emphasis on moral treatment, was a pivotal era in the history of mental healthcare, and many of the asylums you will encounter in the present work developed out of this spirit of the age.

The mid-twentieth century saw another wave of intense public scrutiny for the institutional system with politicians, sociologists, journalists, novelists, playwrights, filmmakers, and the like criticizing asylums for many of the same abuses described by Dickens and Bly—overcrowding, abject living conditions, and maltreatment. These decades gave rise to the controversial deinstitutionalization movement—a movement which came to the fore shortly after World War II and pushed for a transition from long-term asylum care for the mentally ill to outpatient care facilitated by regular hospitals or community health centers (Yanni 147–148). In other words, deinstitutionalization brought about the mass closure of mental health care facilities in North America, the United Kingdom, and parts of Western Europe.

The result was that between 1955 and 1994 nearly half a million patients were released from state-run mental hospitals. Taking into account population inflation—the population of the United States increased from 164 million in 1955 to 260 million by 1994—psychiatrist and researcher E. Fuller Torrey, (1997) estimates that by the end of the 1990s more than three-quarters of a million people were residing in the community who might have otherwise been institutionalized. At the time of his writing, this equated to the population of Baltimore or San Francisco (Torrey 1997).

The most obvious failing of deinstitutionalization was that many of the mental patients released from psychiatric asylums did not benefit from community-based care. While some returned to their families or were transferred to other assisted living facilities (e.g., nursing homes), large numbers of those released from asylums ended up homeless or imprisoned.

Assessing the impact of deinstitutionalization on homelessness, social scientists Michael J. Dear and Jennifer R. Wolch (1987) point out, "Most analysists agree that numbers of homeless have been increasing, largely due to an expansion of the homeless mentally disabled" (176). In their overview of literature on the evolving composition of the homeless population, they note:

> For years, the homeless population was typified by the familiar skid-row transient: male, alcoholic, averaging 50 years of age. Now young persons are found among the homeless, as well as women and families. The youthful population consists mainly of so-called 'chronic drifters', frequently diagnosed as schizophrenic or as suffering from affective and personality disorders and substance abuse, but who have never been institutionalized. (Bacharach 1984 and Nickerson 1985, cited in Dear and Wolch 1987, 175)

The increased presence of the mentally ill homeless in communities across the United States and elsewhere means that the mentally ill have become a more familiar, more visible presence in the public sphere (Barham 1992; Cross 2004; and Goldstein 2015). Thus, stigmatizing representations of "madness" through media representations (Cross 2004), the visual arts (Gilman 1988; Knowles 2000), theater (Harpin 2013), public discourse (Jodelet 1991), literature (Showalter 1987), and through contemporary legend, as this study will show, have maintained a powerful grasp on the public imagination.

Historians have posited a number of motivating factors behind deinstitutionalization, among them the argument that community care and "homelike environments" would be more

therapeutic and comfortable for the patients. Additionally, the use of psychoactive drugs for the mentally ill was becoming more widespread (148). On a more pessimistic note, Andrew Scull argues that in the 1970s the drive for financial cutbacks was the main motivating factor (qtd. in Yanni 2007, 148), and various scandals involving abuse, negligence, and derelict living conditions— many of which continue to be under ongoing investigations—also contributed (Raphelson 2017). Journalist Bill Baldini's infamous 1968 "Suffer the Little Children" exposé, which revealed neglect and horrendous living conditions at the Pennhurst State School and Hospital in Spring City, Pennsylvania, is one such example that will be discussed in chapter five.

Even today, sexual abuse and maltreatment accusations at psychiatric institutions are rife, and several in recent years have contributed to the closure of even more psychiatric facilities. For example, The Citizens Commission on Human Rights (CCHR), reports that the Timberlawn Psychiatric Hospital in Dallas, Texas, will soon be closing its doors "in the wake of allegations of patient sexual assault including the rape of a 13-year-old girl under its care" (CCHR International 2018). The CCHR states that Timberlawn "will be the sixth Universal Health Services (UHS) psychiatric facility shut down in recent years" following accusations of misconduct (CCHR International 2018).

In the UK, Aston Hall (1925–1993) has been making similar headlines. Dr. Kenneth Milner, who was a psychiatric doctor and medical superintendent at the hospital from 1954 to 1970, stands accused of sexually abusing at least sixty-five children during that time. According to the Derbyshire police report, Milner and other staff members would force the children to strip naked and put on straitjackets, before injecting them with an experimental drug called sodium amytal—"'a so-called truth serum'" intended to force patients into revealing truths and feelings they would normally keep to themselves. Once the patients were under the influence, Milner

would sexually violate them. Milner died in 1976, but the Derbyshire police are continuing to investigate the reports, and lawyers presently working on the case believe there may be more than a thousand unidentified victims (Pidd 2018).

Given such pervasive and persistent issues, it is no wonder that for some activist groups, like the mental patients' liberation movement and ex-patients' movement, *deinstitutionalization* became synonymous with *liberation*. From 1970, these movements, which consisted of a number of local groups (e.g., New York City's Mental Liberation Project, San Francisco's Network Against Psychiatric Assault, etc.) began advocating "for the rights and dignity of people with mental illness" (Shapiro 2010). They helped establish the first Conference on Psychiatric Oppression held at the University of Detroit in 1973, the newsletter Madness Network News in 1972, and a number of self-help and advocacy programs, among other things (Chamberlin 1990, 327).

Simultaneously, a distinct anti-psychiatry movement developed, which mental patients' advocate and liberation movement leader Judi Chamberlin refers to as "largely an intellectual exercise of academics and dissident mental health professionals" that has done little "to reach out to struggling ex-patients or to include their perspective" (Chamberlin 1990, 324). Nevertheless, the "critical literature" published by those now considered part of the anti-psychiatry movement—Michel Foucault, Erving Goffman, Thomas Szasz being perhaps the most famous—"in concert with the activist movement" described above "emphasized the hegemony of medical model psychiatry, its spurious sources of authority, its mystification of human problems, and the more oppressive practices of the mental health system, such as involuntary hospitalization, drugging, and electroshock" (Barney 1994, 19).

The Citizens Commission on Human Rights (CCHR), cited previously, developed out of this context. According to the mission statement on their website, the CCHR is "a non-profit, non-political, non-religious mental health industry watchdog whose mission is to eradicate abuses committed under the guise of mental health." Established in 1969 by Thomas Szasz and the Church of Scientology, the CCHR has strived to target "criminal psychiatric abuse," influence policy change, and advocate for the rights of the mentally ill, though it has been criticized for an aggressive anti-psychiatry agenda and its associations with scientology.

Striking from a different angle, a number of literary works, with their troubling depictions of asylums, have added fuel to the fire of deinstitutionalization. Sylvia Plath's 1963 roman à clef, *The Bell Jar*, tells the story of Esther Greenwood—who represents Plath herself—and her experiences being treated for depression at a New York asylum. The book was later made into a 1979 film of the same name. Plath revealed in a 1959 diary entry that she was inspired to write *The Bell Jar* because of an "increasing market for mental-hospital stuff." She stated, "I'm a fool if I don't relive it, recreate it." As evidence of the ripeness of the topic, Plath noted the success of an earlier semi-autobiographical novel—Mary Jane Ward's *The Snake Pit* (1946), which was made into an equally successful 1948 movie directed by Anatole Litvak and starring Olivia de Havilland. The main protagonist, a woman named Virginia, awakens to find herself in a mental institution with no recollection of how she got there. Virginia is eventually discharged. However, during her involuntary incarceration she undergoes distressing treatments such as electroshock therapy, and due to the actions of an abusive nurse, she is at one point incarcerated in the asylum's *snake pit*, an isolation room with padded walls where patients considered beyond help are placed.

Another example is Joanne Greenberg's *I Never Promised You a Rose Garden*, which was published in 1964 and is another semi-autobiographical novel about a young woman being treated in an asylum. In this case, it is Deborah Blau, a sixteen-year-old schizophrenic. *I Never Promised You a Rose Garden* was made into a film in 1977 and was also adapted for the stage in 2004.

Following a similar pattern, *One Flew Over the Cuckoo's Nest* by Ken Kesey was published as a novel in 1962, adapted for the stage in 1963, and also adapted for film in 1975. Like *The Bell Jar*, *The Snake Pit*, and *I Never Promised You a Rose Garden*, the novel is partly a product of Kesey's personal experiences. He was a psychiatric aide at the Veteran's Hospital in Menlo Park, California, where he was also a volunteer for drug experiments (Vitkus 67). *One Flew Over the Cuckoo's Nest* is unique among the other novels, films, and plays of this era in that Kesey focuses on the male experience of madness. The events of the novel center on tensions between the patients and the controlling Nurse Ratched who is the main enforcer of their victimization in "a society that demands conformity to what [the narrator] calls 'the Combine,' a term suggesting a huge machine as well as a kind of socio-economic conspiracy" (Vitkus 1994, 65).

To a greater extent than the aforementioned examples, *One Flew Over the Cuckoo's Nest*, in its various adaptations, was both the subject of critical acclaim and controversy. In particular, the film version was considered to be a milestone for bringing awareness to the mental patients' liberation movement. According to the National Coalition for Mental Health Recovery (NCMHR), "the movie drew attention to the horrors of mental illness treatment." Furthermore, the release of the film is often noted as corresponding with the 1975 U.S. Supreme Court ruling in O'Connor v. Donaldson that prohibited involuntary confinement in a mental institution unless

a person is considered a threat to their personal safety or the safety of others (National Coalition for Mental Health Recovery 2013).

For as many voices that have supported deinstitutionalization as an end to the debatable evils of psychiatric hospitals, there are as many who continue to view the movement as the cause for a serious public health crisis. According to a recent article published by *NPR,* an estimated 3.4 percent of Americans, or more than eight million individuals, suffer from a serious mental illness (*Psychiatric Services*, cited by Raphelson 2017). Yet, in 2010, there were only 50,509 beds available in state psychiatric hospitals, or fourteen beds for every 100,000 people ("Treatment Advocacy Center Report," cited by Raphelson 2017). The article goes on to describe how the mentally ill often end up homeless, untreated, or imprisoned merely because there are no adequate provisions in place for them to receive treatment (Raphelson 2017).

This issue remains very much in the public eye. President Trump and many others have continued to blame gun violence on mental illness despite the fact that the majority of mental healthcare professionals assert, "'There is no real connection between an individual with a mental health diagnosis and mass shootings'" (Bethany Lilly, Bazleton Health Center for Mental Health Law, cited by Raphelson 2017). Furthermore, studies have shown that "the mentally ill are more often victims than perpetrators of violence" (Stuart 2003). Yet, the stereotype of the mentally ill person as excessively dangerous and violent continues to be a powerful one.

According to Linda Dégh and Andrew Vázsonyi (1976), one does not have to believe that a narrative is "true" to accept that it is plausible, and as Gary Alan Fine and Patricia Turner (2001) have delineated, "our fears and anxieties . . . [rely] on historical circumstance and cultural beliefs" (23). I intend for this contextual information to serve as an introduction to the historical

precedents, broadly construed, that lend plausibility to asylum legends and the stereotypes and anxieties expressed within them.

Scope and Methodology

Framed by the troubled history of mental healthcare described above and the resulting uncertainty of its future, contemporary asylum folklore is widespread and reveals a conflicting image of the mental hospital as a source of nostalgia or necessity, an expression of humanitarian ideals, and, at the same time, a nightmarish symbol of human suffering and trauma.

Anna Harpin (2013) has called asylums "visual metonyms for danger," speculating "that there are few, if any, public institutions that have accumulated the level of stigma, mystery, and dread that attend upon psychiatric institutions." Harpin argues that it is the "complex interplay between the scarred history of psychiatry and cultural portraits of asylums" that have "collectively authored and sustained the image of the haunted house populated by damaged souls in the lay imagination" (2013, 335). Of course, the image of the asylum is not perceived solely through sight, and a portrait is more than the sum of its parts. My intention here is to interrogate the "stigma, mystery, and dread" of psychiatric institutions, which Harpin has described, through the lens of folklore.

Dan Ben-Amos (1972) has defined *folklore* as "artistic communication in small groups" (13), and Martha C. Sims and Martine Stephens (2005) identify three main categories of "informal communication," in which "folklore is present" (1). First, the verbal category consists of "oral and written texts." Secondly, customary folklore includes "behaviors" and "rituals," and finally, the material branch of folklore consists of "physical objects" (Sims and Stephens 2005, 2).

Narrative—one of the primary expressive vehicles through which individuals render experiences, situations, and events intelligible (Basso 1996; Bauman 1986)—will be the central nucleus to this study. However, as I explicate *narrative* portraits of asylums, focusing on the colorful patterns and forms found within each portrait's frame (e.g., the legends), I will also attend to what is external yet foundational to the frame—the canvas, the tools, the material components of asylum legendry (e.g., the building itself)—in addition to the customary aspects, or the movements and brush strokes that tie the patterns and forms together (e.g., supernatural tourism at asylums).

I was first drawn to this topic, because, for one thing, mental illness is to my family what The Force is to Luke Skywalker's—hereditary, powerful, and possessing both a light and a dark side. As I began to finetune my scholarly interests and become more interested in belief and narrative, in particular the contemporary legend genre, I started to notice a persistent motif. Again, and again, the mental asylum was there—at the beginning of a narrative: a madman has escaped from the asylum; at the end of a narrative: a madman has been confined to an asylum; as the setting of a narrative: a madman is being tortured in an asylum or wreaking havoc there.

When I was a child, I visited a loved one in a psychiatric ward over a period of time, and though the experience was always a little sad, it was never scary. Having now witnessed more than one person's struggle with mental illness firsthand, I have always, therefore, been sensitive to this repetitive stigmatizing frame that represents the mentally ill and their caretakers as dangerous.

I have also been attentive to patterns of informal speech around me that I feel to be carelessly articulated: "She must be crazy"; "He's a lunatic"; "What a psycho"; You're insane"; or in British English, "She's mental." These words are common and socially accepted, despite their

trivialization of a set of serious and challenging illnesses. Some, like "lunatic" for example, were once official diagnostic terms but have in more recent years fallen out of favor due to their negative and offensive connotations. However, new words have risen to take their place.

According to a 2013 entry in the Urban Dictionary, for example, the word *cray* is another word for *crazy*, as in "That one cray bitch." "She be cray." Synonyms listed in the entry include #psycho, #insane, #kooky, #loony, #cuckoo. Of course, there are many informal names for psychiatric facilities as well, though since deinstitutionalization, they have become less common: "loony bin," "nut house," "bug house," to name just a few.

As evidenced by these examples, stereotypes about mental illness and institutionalization have infiltrated our language and our expectations of what mental illness means and how the mentally ill behave.

The asylum has also been a popular motif in literature, films, and television, particularly within the horror genre. From Bram Stoker's *Dracula* (1897) and the supernatural insights of the incarcerated mental patient Renfield, to the more recent second season of FX television's *American Horror Story: Asylum* (2012–2013) and its portrayal of the fictional Briarcliff Asylum's tormented patients, the mental hospital has become an icon of fear in contemporary Western culture.

In recent years, I have purchased at least two dozen popular press books that contain "true ghost stories" and "spooky tales" about haunted mental asylums. Sometimes these books center on narratives about a specific institution, while others are compilations covering different states and/or countries. Still others have a broader focus and include ghost stories about general hospitals, prisons, and orphanages. Judging by the number of new publications I discover on a fairly regular basis, the market for these books has only increased over time.

It would be too time consuming to list all of the novels, nonfiction works, films, and television shows that feature a sinister abandoned mental institution as the setting for dark deeds and traumatizing events. I will leave that to websites like the Internet Movie Database (IMDB)—which has a list of "Best Mental Hospital Films"—and Rotten Tomatoes—which "[goes] insane in the film frame" with their countdown of "The 12 Craziest Movie Mental Patients." However, in the chapters to come, I will reference examples from literature, film, and popular culture as they become relevant.

In the realm of material culture, one need only turn to websites like Amazon, Pinterest, or Ebay to discover a plethora of asylum-themed items on sale or on display for those with a do-it-yourself mentality. To list just a few examples, there are: mental patient costumes and decorations in time for Halloween; recipes for insane asylum cakes and other edibles; souvenirs from actual abandoned psychiatric hospitals like signs, photographs, door keys, and wheelchairs; and other props, such as personalized certificates of admission, or t-shirts with images like "Psycho Ward 666–784."

Last but not least, crossing over into customary articulations, supernatural tourism at abandoned psychiatric institutions (both real and invented ones) has boomed in recent years. In the months leading up to Halloween, numerous "haunted house" attractions across the United States have developed "haunted asylums." For a marginal fee (usually $10 to $20), guests can journey through a disturbing obstacle course of actors dressed as the tormented ghosts of mental patients, doctors, and nurses, with the help of high-tech animatronics and spooky digital sounds. In chapter five, for example, you will read more about the PennHurst Haunted Asylum—set within the former Pennhurst State School and Hospital in Spring City, Pennsylvania. There, guests are "committed" and "bear witness to patients being experimented on in the most

inhumane ways possible." "Lucky for you," their website promises, "this research facility is still accepting patients."

Another attraction, the 7th Ward Asylum, part of an amusement park run by Cedar Fair Entertainment on the North–South Carolina border, once advertised:

> You would be crazy to tour this twisted asylum. Lost and tortured souls are all that remain, but you'll see plenty that will make you question your sanity . . . The 7th Ward was home to the Carolina's most chronically insane. From murderers to crazed psychopaths, many of the poor souls trapped behind the Gothic walls would spend their entire lives there. As you walk these halls today, be sure to stay with your group. This is one place you don't want to be committed. (Hauntoverse)

The Washington Post targeted the 7th Ward in October of 2016, reporting on the viewpoints of visitors and mental health advocates. Under the headline "Halloween attractions use mental illness to scare us. Here's why advocates say it must stop," reporter Colby Itkowitz shared statements from a number of the attraction's visitors who just so happened to have a mental illness. Amelia Joubert, an eighteen-year-old who was, at one point, institutionalized for dissociative identity disorder, reports that she felt "misrepresented" and "feared that the gross dramatization of inpatient facilities will scare people, especially teens like herself, from seeking help." Against the backlash, Cedar Fair Entertainment changed the name of the 7th Ward Asylum to "a more generalized hospital scene called 'Urgent Scare'" (Itkowitz 2016). While similar companies have followed suit, many others have not, and the commodification of over-the-top haunted asylum attractions continues in full force.

Every October, the Trans-Allegheny Lunatic Asylum in Weston, West Virginia, hosts "The Asylum Ball," an annual costume party where guests compete in categories like "sexiest" or "scariest costume" to win up to $400 plus complementary tickets to a ghost hunt at the asylum. Indianapolis, Indiana, has the Asylum Haunted House, and its neighbors Spencer and Terre Haute have the Phoenix Asylum Haunted House and Shadow Asylum Haunted House respectively. Louisville, Kentucky, boasts the Asylum Haunted Scream Park. In Denver, Colorado, it's the Asylum Haunted House: City of the Dead. In Peoria, Illinois, The Haunted Infirmary attracts crowds within the old Bartonville Insane Asylum, and these are just a few examples. There are many, *many* more.

Figure 1. Screenshot of online advertisement for The Asylum Haunted House in Denver Colorado. https://www.vettix.org/event/27077.

Figure 2. Screenshot of online advertisement for Asylum Haunted Scream Park. https://www.asylumhaunts.com.

Events like these occur primarily in the weeks leading up to Halloween. However, supernatural-themed tours and overnight paranormal investigations at some of these facilities, are available year-round. I will list the ones I have been to for the purposes of collecting data for this dissertation, but there are numerous others:

1. The Towers Hospital, Leicester, England: I attended overnight paranormal investigations here on three separate occasions and with two different organizations.

2. Newsham Park Hospital, Liverpool, England: I attended one overnight paranormal investigation.

3. Pennhurst State School and Hospital, Spring City, Pennsylvania: I went through their haunted attraction twice and attended one overnight paranormal investigation.

4. Randolph County Infirmary, Winchester, Indiana: I attended one overnight paranormal investigation.

5. Central State Hospital, Indianapolis, Indiana: This asylum was one of several stops on a supernatural tour, which I attended, and one of its last remaining buildings is home to the Indiana Medical History Museum, which I have visited several times.

6. Trans-Allegheny Lunatic Asylum, Weston, West Virginia: I attended one overnight paranormal investigation and one supernatural day tour here.

7. Waverly Hills Sanatorium, Louisville, Kentucky[1]: I attended one overnight paranormal investigation.

Guests on one of the paranormal investigations at these sites can expect a ghost-hunting crew to lead them on a kind of organized legend trip, where participants attempt to discover who is haunting the location and why. While the companies that organize these events host investigations at a variety of haunted locations—from castles and houses, to pubs and inns—mental hospitals are especially popular.

Figure 3. Randolph County Infirmary. August 2016. Photo by author.

[1] Waverly Hills is not, strictly speaking, a psychiatric asylum, but I include it on this list because of its relevance to this dissertation, which I will explain more fully in chapter two.

Figure 4. John, Anne, Denise, and Chantelle of Simply Paranormal getting ready to lead an investigation at Newsham Park Hospital, Liverpool, England. June 2015. Photo by author.

Figure 5. Guests in a mortuary refrigerator on a paranormal investigation at Newsham Park Hospital, Liverpool, England. June 2015. Photo by author.

When I last visited the Ghost Hunts USA website, I discovered that out of the twenty-five haunted locations where the group is currently hosting events, their featured locations (i.e., their most popular ones) are four haunted hospitals, three of which are mental asylums. Like Ghost Hunts USA, Haunted Evenings, a UK company, features psychiatric hospitals on their homepage, stating "Abandoned asylums seemed to have been the most popular haunted hot spot [this year]! Check out all our old hospital events in the New Year and grab your ghost hunting places pronto! These events sell fast!" (2015).

Figure 6. Inside the Trans-Allegheny Lunatic Asylum. June 2016. Photo by author.

Figure 7. Inside the Trans-Allegheny Lunatic Asylum, renovated wing. June 2016. Photo by author.

The commodification of deinstitutionalized asylums into supernatural tourist destinations provides an opportunity to examine how individuals and communities engage with the corpus of vernacular narratives surrounding their local asylum.

From January 2014 to October 2017, I collected data on a wide range of former psychiatric facilities in the United Kingdom and United States, including those listed above. I focused my efforts and conducted more thorough ethnographic, archival, and historical research on the following: The Towers Hospital in Leicester, England; Pennhurst State School and Hospital in Spring City, Pennsylvania; Central State Hospital in Indianapolis, Indiana; and the North Wales Psychiatric Hospital in Denbigh, Wales.

Ethnographic research at these sites included participant-observation on twelve supernatural-themed tours and events, all of which employ and market contemporary legends. I conducted approximately thirty interviews with individuals who have knowledge of asylum legend traditions, including members of the communities where these institutions are present; former staff members from when the hospitals still functioned; event staff and security guards who currently work at these sites; and tourists who have either attended legally-sanctioned events at an asylum or have illegally explored its buildings due to an interest in the hospital's historical and/or supernatural reputation. I also conducted historical research on each institution, focusing on the oral histories of former staff and patients, as well as media reports, which provide insight into the circumstances that contextualize contemporary asylum legends.

In order to understand the broader landscape of asylum narrative tradition, I collected relevant narratives from numerous scholarly publications, particularly in the field of contemporary legend research; archival collections of the Indiana University Archives and Utah State University Archives; and narratives transmitted via popular websites, blogs, forums, and social media sites. Finally, I also attend to relevant popular culture, including films, television, literature, and popular press publications containing legend reports about abandoned asylums. The comparative nature of my project has enabled me to identify salient patterns and differences in the legends and popular beliefs surrounding asylums, thereby contributing to a broader understanding of the narratives' meanings within both local and cross-cultural contexts.

Key Terms and Theoretical Approaches

Folklore and Narrative

The following scholarship has informed my theoretical approach to the aforementioned materials, all of which, as already stated, fall under the broad purview of folklore and

demonstrate its verbal, material, and customary facets. To reiterate, while I have said that narrative, or communicative expressions belonging to the "verbal" category, will be the primary focus of this study, asylum legends truly belong to all three of these branches of folklore inasmuch as the three branches are really the one thing viewed and understood as three different aspects. Throughout the present work, I will demonstrate that contemporary asylum legends are intrinsically unifying and multi-faceted in this way.

Elliott Oring (1986) has defined narrative as "another word for story" (1986, 121), and as a "medium for communicating experience" (122). More specifically *folk* narratives, as defined by Oring, "circulate primarily in oral tradition and are communicated face-to-face." Some of their key characteristics are that they "tend to exist in multiple versions" with no "authoritative or 'correct' version." The narrative reflects "both the past as well as the present," in addition to expressing "both the individual and the community" (123).

Other scholars have complicated this relatively straightforward approach to narrative. Richard Bauman (1986) writes:

> There has been a widespread tendency to view narratives as icons of events, that is, to consider events as somehow antecedent or logically prior to the narratives that recount them . . . The narratives are the signs, the events their external referents.
>
> An alternative view . . . is that events are not the external raw materials out of which narratives are constructed, but rather the reverse: Events are abstractions from narrative. [Narrative] may also be an instrument for obscuring, hedging, confusing, exploring, or questioning what went on, that is, for keeping the coherence or comprehensibility of narrated events open to question." (5–6)

With much of the on-the-ground history—the everyday life—of asylums unknown, this is a fitting description for asylum narratives, just as contemporary legend is a fitting genre for the "obscuring, hedging, confusing, exploring, [and] questioning" of that history.

Jan Harold Brunvand (1981), with *The Vanishing Hitchhiker: American Urban Legends and Their Meanings,* brought recognition to both the scholarly value and public popularity of, what he termed, *urban legends*. Brunvand defined the characteristics of this genre as being "believed, or at least believable"; "set in the recent past [with] normal human beings"; reliant on "credibility from specific details of time and place or from references to source authorities"; and as having "no generational gap between teller and event." The urban legend is commonly told as "true" and "always to someone who is quite close to the narrator or at least 'a friend of a friend'" (3–4)—often abbreviated as FOAF. Eventually, the *urban* legend became known as the *modern* and now the *contemporary* legend to capture its more widespread and versatile nature and to denote that it is or was contemporary to the time period in which it actively circulated. The name change also appropriately captures the fact that the genre reflects the issues and anxieties of its day.

Dégh and Vázsonyi (1983) describe the contemporary legend as exceptionally adaptable to change. They argue that "legends appear most frequently in non-oral means of dissemination," unlike other "classic" narrative genres (Dégh and Vázsonyi 1983, 5). Legend scholars have long accepted that the genre is a kind of opportunistic chameleon, readily evolving to fit whatever forms of communication are the most popular and relevant at a given time. The mass media, social media, faxes and emails, novels, short stories, photographs and other visual images, and so on have all been mediums for the circulation of legends (Smith 1997; Blank and McNeill 2018).

That the genre permeates such a wide range of communicative forms means that legends "cannot be isolated as simple and coherent stories." Instead, legends are "products of conflicting opinions," arising from "a complex dialogue involving believers, skeptics, and others in between" (Dégh 2001, 2). The most essential point is that legends do not allow us to ascertain "the truth." Rather, they allow us to entertain the possibility of truth and are thus "an important means of exploring the nature of reality" (McNeill and Tucker 2018, 4). Accordingly, legend study offers a unique opportunity for understanding processes by which "facts become narratives" and conversely narratives become facts (Dégh and Vázsonyi 1983, 5).

With the aim of elucidating this relationship between reality, on the one hand, and narrative, on the other, Dégh and Vázsonyi (1983) adapt the concept of *ostension*, which they borrow from the field of semiotics, to delineate the "presentation as contrasted to representation" of a legend (6). Later revisions of this definition indicate that ostension need not consist of enacting entire narratives, nor does the term apply solely to the contemporary legend genre, though few folklorists have employed the concept otherwise. In light of these important elements, I favor Gary Alan Fine's (1991) modification: ostension is "the process by which people act out themes or events found within folk narratives" (179). Likewise, the custom of *legend tripping*, or travelling to the site of a legend in order to have a supernatural encounter there (Ellis 2004), is a common form of ostension by which people communicate their beliefs that an asylum is haunted.

In some ways ostensive activities surrounding abandoned psychiatric institutions are no different than those associated with any other derelict building. However, there are distinct patterns that can help shed light on how narrative embodies and structures perceptions of mental illness. These patterns communicate not only a desire to explore the boundaries of the known

world by engaging with the supernatural (Ellis 2003), but also a desire to live the asylum's past and the experiences of its former inhabitants. Ostension accounts for the various degrees by which "narratives . . . influence reality, or at least the way reality is [perceived]" (Ellis 2003, 162).

Since these terms were first introduced, the study of ostension and legend tripping has thrived in folkloristics, and the concept has helped bring about advances in legend studies, in particular, and in narrative studies, more broadly. Ostension not only demonstrates the fruitful overlap between narrative, ritual, and material culture, but it also evinces the long-held creed of our field: folklore is not the study of static, isolated objects; it is the study of dynamic, communicative processes and events (Paredes and Bauman 1972). To paraphrase Bill Ellis (2003), who perhaps said it best, legends are not something we merely tell; they are also something we live.

In stressing the extra-narrative dimensions of the contemporary legend genre, I would also like to point out the genre's inter-narrative connections. Gillian Bennett (1985), has referred to the modern legend as "vivid expressions of contemporary beliefs" (219), and she also notes the genre's "close" similarity to personal experience narratives:

> Both are person-centered narrative forms, telling of a single occasion in the near past, and featuring a cast of ordinary people . . . The structures, too, are similar. Narrators of modern legends characteristically begin by creating an opening for their narratives then set the scene before outlining the events which lead to the climax. The denouement follows, and finally the end-boundary is signaled with a short meta-comment. Throughout the telling the narrative is saturated with devices that add 'point' to the story in order to make it seem interesting and exciting. This is exactly the structure that

> linguists W. Labov and J. Waletsky predict for personal experience stories: that is abstract, orientation, complication, evaluation, resolution, coda. The modern legend fits the model just as neatly as the personal experience story. (Bennett 1985, 223)

Bennett is not the only scholar to group the contemporary legend with personal experience narratives (PENs). In particular, memorates, or supernatural PENs, are a natural companion to the contemporary legend genre and will figure prominently in the present study.

Juha Pentikäinen (1968), in his overview of beliefs, memorates, and legends, notes that while scholars became concerned in the 1950s with "the systematization of legends," they had given less attention to "the paired concepts [of] memorate-legend." He further points out, "It would be hard to find any two researchers who have used either the term legend or the term memorate in precisely the same way" (217). Though the legend, as Pentikäinen pointed out, has been studied and defined to a boiling point, the memorate is still an understudied and confusing term for many folklore scholars.

For Carl Von Sydow (1948), who originally introduced the concept, the memorate was a first-hand narrative description of events. Later, Pentikäinen (1968) describes the genre as an "account about a supranormal tradition experienced by the narrator or a person known to him," and one that contains traditional legend motifs (233). The memorate's relation to the legend, as clarified by Pentikäinen who summarizes Von Sydow, is that the "legend can come out of the memorate if it appears to be interesting enough to be repeated. In connection with the transition into tradition, changes in content as well as style are produced" (Pentikäinen 1968, 220). In other words, as memorates circulate, elements of experience may eventually become motifs. Not only that but the "legend may appear at times as a memorate" (Woods and Hand, cited in Pentikäinen

1968, 230). This is not to say that all memorates turn into legends or that all legends once began as memorates, but you will see that in contemporary asylum folklore the two genres are entangled.

The three-part structure of a legend trip, as outlined by Ellis (2004), provides a good example of the interrelatedness between memorate and legend. First, in the legend trip, there is the introductory stage, in which a place associated with a legend is introduced, thereby building the tensions and expectations of the group. Second, legend trippers perform a ritual or series of rituals with the intention of provoking supernatural activity. Finally, the third stage of a legend trip consists of sharing one's experiences and generating new narratives about the location. Often this occurs in the form of memorates (Ellis 2004).

The rumor too has an intrinsic connection to legend and memorate. According to Gary Allan Fine and Patricia Turner (2001), rumors are "short, nonnarrative statements of belief, whereas contemporary legends—'solidified rumors'—involve narratives of belief containing motifs linked to modern life." In Fine's and Turner's study on race and rumor, they note that "insofar as [a] discussion of race is concerned" these two genres are "essentially overlapping phenomena" (18). Similarly, in the same way that racist rumors and legends contribute to discrimination and violence (Fine, Campion-Vincent, and Heath 2005), the two narrative forms are responsible for perpetuating damaging stereotypes of the mentally ill. These aforementioned genres—contemporary legend, memorate, and rumor—reciprocate and articulate beliefs and simultaneously offer evidence in support of it.

Due to this interrelatedness, I will use *legendry* throughout this dissertation as a broad term that encompasses the narrative genres, ostensive practices, and commodified forms that haunted asylum folklore encapsulates.

The Supernatural and the Experience-Centered Approach

As Dégh (2001) has noted, the legend genre is particularly well suited for the expression and disputation of supernatural stories, in that "the legend touches upon the most sensitive areas of our existence," and, as previously referenced, it becomes a medium for "conflicting opinions" (2). In the case of the legendry surrounding abandoned psychiatric institutions, the crux of conflicting opinion has less to do with whether or not a particular asylum is haunted and more to do with why. Commonly, the explanation given is rooted in the asylum's history: the patients of psychiatric institutions were mistreated, kept in inhumane living conditions, and sometimes the subject of unethical medical experiments and treatments. Another common explanation is the violence and criminality believed to be inherent in the patients, or sometimes the staff members. As such, they cannot move on because of their disturbed mental state; tragic death; a desire for retribution; or because their suffering has been permanently imprinted on the space where it occurred. While these explanations are common to ghost narratives (Davies 2007), they are significant here for what they illuminate about views toward mental illness and psychiatric treatment.

In contemporary asylum legendry the boundary between mental illness and supernatural experience becomes blurred, and you will encounter narratives that depict the mentally ill as possessing supernatural traits and vice versa. You will also encounter the perspectives of people who engage with the former residents of abandoned asylums—the ghosts of long-gone patients, doctors, and other staff—as living entities still continuing on in their own world.

In light of this, I consider the core ethical premise underlying David Hufford's experience-centered approach integral to my research. In his important work *The Terror That*

Comes In the Night (1982a) and in subsequent publications, Hufford proposes an experience-centered approach to the study of supernatural belief that prompts scholars to depart from what Hufford terms the cultural source hypothesis, or the view that "[supernatural experiences] are either fictitious products of tradition or imaginary subjective experiences shaped (or occasionally even caused) by tradition" (14). Hufford proposes instead, "some significant portion of traditional supernatural belief is associated with accurate observations interpreted rationally" (xviii). In such cases, wherein the features of a tradition are noted cross-culturally—thereby rendering it unlikely that the experience has a cultural source—Hufford proffers the experiential source hypothesis. In contrast, this hypothesis takes, as its foundational premise, the notion that supernatural belief "contains elements of experience that are independent of culture" (15).

As Patrick B. Mullen (2000) notes, Hufford establishes a "less hierarchical examination of folk belief" (131). Though the experience-centered approach is not without its problems, it has been instrumental in bringing about a reflexive turn in belief studies. Much of the previous scholarship focusing on the supernatural has favored a functionalist approach, which often gestures toward cultural source explanations for supernatural phenomena and traditions of disbelief that assume "'what I know I know, what you know you only believe . . . '" (Hufford 1982b, 47). Following Hufford, my theoretical approach to the study of the supernatural is: We know very little, and what you know I would like to understand.

Health and Stigmatization

Sander Gilman (1988), whose work addresses cultural representations of mental illness in the visual arts, argues that we mark the mad as distinctly "different" from ourselves as an attempt to disguise the fact that "'they are really just like us'" (13). Taking the lead from Gilman, Simon

Cross (2004) reinforces this idea. He notes that stereotypical depictions of the mentally ill—as muttering, crouching, bestial beings with wild matted hair, tattered dirty clothing, and bloodshot eyes—have served to "demarcate a symbolic boundary between 'us' and 'them'" (Cross 2004, 199). Following Gilman and Cross, I will demonstrate how contemporary asylum legends regulate and also challenge these "symbolic boundaries."

In a similar vein, Diane Goldstein (2004), in her work on AIDS narratives, has shown that legends shape vernacular conceptions of illness, thereby affecting the ways in which both individuals and communities perceive and interact with health care and those suffering from an illness (2004). Goldstein notes that in many AIDS legends, "the HIV-positive person" is "a danger and a threat to society, a contaminating force by virtue of his or her implied lack of control" (42). Like AIDS, mental illness is stigmatized and frequently misunderstood. As in AIDS contamination legends, asylum narratives articulate fears of the "mentally ill other" and fears of becoming mentally ill oneself.

Elsewhere, Goldstein (2015) has explored these themes further by arguing that contemporary legends about mental illness, much like the stereotypical images discussed by Gilman and Cross, often reflect "our desire to draw clear boundaries between the healthy observer and patient" (169). While this is certainly the case with a large corpus of mental health legends, I have noted another pattern. Rather than expressing a desire to maintain the boundary between the "mentally ill other" and the sane, outside observer, asylum legend traditions commonly articulate a desire to blur that boundary. As opposed to "please don't let this happen to me," there is an expression of identification—the realization that "it could have happened to me." Furthermore, the psychiatric health care system is stigmatized and villainized as much as, if not more so, than the mental patient.

This unexplored pattern in folkloristics is not only expressed in asylum legendry but it is also a key dimension of the touristic experience at a number of abandoned asylums.

Dark Tourism and the Commodification of Belief

From heritage and history tours to ghost walks, "haunted asylum" attractions, and overnight paranormal investigations, the commodification of former psychiatric institutions is a complex manifestation of belief tourism.

Belief tourism, as defined by Goldstein (2007) is "the marketing of the experiences of cultural 'others,' but with a particular focus on the images and the traditions associated with spiritual, metaphysical or paranormal values" (194). The "cultural other" in this case is typified by the victimized, yet dangerous mental patient, or in many cases, the villainized, mad caretaker. Belief tourism may be viewed as a kind of dark tourism, or the commodification of places that are associated with disaster and death (Foley and Lennon 1996). The belief that psychiatric asylums were sites of large-scale loss of life, which occurred under questionable circumstances, is common and often utilized as a selling point for haunted asylum tourism.

Referencing a typology proposed by Carolyn Strange and Michael Kempa (2003), Julian Holloway (2010) has argued that "ghost tourism," as he calls it, "tends toward the 'lighter end' of the dark tourism spectrum, with entertainment being the key orientation" (620). While it is certainly true that entertainment plays an important role in the ghost tourism occurring at abandoned asylums, I would argue that other motivations are more central. Further, this particular brand of ghost tourism is a bit closer to the darker end of the spectrum referenced by Holloway. Haunted asylum tourists not only evince the desire to have an authentic supernatural

encounter, which Goldstein has identified as a key element of belief tourism, but they are also hoping to uncover what actually occurred behind the closed doors of these institutions.

According to Dean MacCannell (1999), this interest in "authenticity" and the "'real life of others'" typifies the modern tourist experience. In his application of Goffman's notion of front and back regions, MacCannell argues that the front region, which is presented to tourists, becomes the site for "staged authenticity" (92). Scholarship on postmodern tourism has complicated MacCannell's assessment, making it clear that tourists do not accept "authenticity" unquestionably, nor is it always the primary goal for the postmodern tourist (Blom 2000; Rojek 1998; Urry 1999).

Haunted asylum tourists are, for the most part, aware of the performance aspect of their experience. However, it is by traversing through the staged front region—the seasonal haunted attraction, for example—that they are able to gain access to the asylum itself and, by extension, its "authentic" past.

Space and Place

In the words of Henry Glassie, "Buildings, like pots and poems, realize culture" (1999, 227). Part of what fascinates tourists so much about the abandoned asylum is the building, in other words, the *place*, itself. According to Edward S. Casey (1996), *place*—just like narrative—is "more an event than a thing" (24). As I focus on the engagement that individuals have with asylums, I will attend to the cultural significance of place and a process that Keith Basso (1996) has referred to as place-making. As defined by Basso:

> [Place-making] is a way of constructing history itself, of inventing it, of fashioning novel versions of 'what happened here.' For every developed place-world manifests itself as a

> possible state of affairs . . . Building and sharing place-worlds, in other words, is not only a means of reviving former times but also of revising them, a means of exploring not merely how things might have been but also how, just possibly, they might have been different from what others have supposed. Augmenting and enhancing conceptions of the past, innovative place-worlds change these conceptions as well. (Basso 1996, 6)

Through the ostensive activities of legend tripping and supernatural tourism, individuals engage in this creative and revisionary process of place-making.

Michel Foucault (1984) has also provided a fruitful theoretical frame for understanding the cultural significance of asylums as *place*. He has described the asylum as a heterotopian space—in other words, a "real place" as opposed to the "unreal space" of a Utopia. This heterotopia is an "effectively enacted utopia in which . . . all the other real sites that can be found within the culture are simultaneously represented, contested, and inverted" (3). More specifically, the asylum, he argues, is a heterotopia of deviation, "in which individuals whose behavior is deviant in relation to the required mean or norm are placed." Foucault further posits that the asylum is a "social 'elsewhere'" in the sense that as a heterotopia, it exists as a "counter-site," a place "outside of all places" with a distinct set of rules and governing principles, its function being "in relation to all the space that remains" (3).

Continuing where Foucault left off, we could even go so far as to say that the haunted asylum of legend is an effectively enacted *dy*stopia, which reflects the institutional overcrowding, abject living conditions, and maltreatment that became highly publicized in the United States from the mid-twentieth century onward.

Writing on the subject of space and place in the study of supernatural folklore, Jeannie Banks Thomas (2015), states that there are "two overarching ways of understanding supernatural places: as sites of memory and as locations of the weird." Supernatural places, she goes on, are therefore "associated with recollection and history." Not only that but such sites "can serve our need to mark and capture transitory human experiences" (18). In the case of asylums, they are massive physical reminders of the trauma of mental illness both past and present. Asylums are visual sociocultural landmarks, signifying the end of an era in the ongoing struggle to understand, prevent, and treat mental illness.

The second way of understanding supernatural places, as delineated by Thomas, is as makers of "weird space," a concept that builds on geographer Edward Soja's concept of third space (Thomas 2015, 20). According to Soja, first space is material, or real. Second space is what we imagine or conceive of space to be, and third space is how we understand and engage with space.

As "everyday, third spaces that lean heavily toward the weird" (Thomas 2015, 20), people are drawn to supernatural places. Such sites enable "transformation" or for reaching a "heightened or altered awareness" (20). In sum, "Otherwordly places allow us, like doppelgangers, to be in two places at once. We are still in and of this world, but we are simultaneously in another, more ethereal, space as well" (21). These concepts will be particularly important in my discussions of ostension at abandoned asylums in the chapters to come.

Vernacular History

Connecting to the notion that place-making involves the construction, interpretation, and revision of history, as discussed above, Brunvand (1981) has stated, "Legends are folk history, or

rather quasi-history" (3). Throughout this dissertation, I will be concerned with how distinct communities engage with asylum legends as "history telling," through which divergent representations of a collective past emerge in response to present needs and concerns (Beiner 2007; Young 1997). The contested representations of the past reified through legends are integral to ongoing community debates over the lived experience of asylums; the authority and effectiveness of both past and present psychiatric medical traditions; and the implications of asylum closures. Thus, asylum legends are emergent, discursive, "fundamentally political act[s]" with "the potential to transform social structures" and perceptions (Ellis 2003, xiv). I seek to analyze the ways in which distinct actors engage with asylum legends to (re)construct, remember, and contest a common past. In so doing, my aim is to understand how these vernacular narratives embody and structure perceptions of mental illness.

The dialogic tension between the past and the present, which undergirds the considerations above, is a crucial element in narrative traditions surrounding asylums. As such, my project will also align with scholarship on the intersection of history and folklore. Asylum legends and their commodification provide a medium for publics to collectively engage in a dynamic process of remembering the past that frequently challenges the "official," "authoritative" historical record. While scholars in our field have considered the fundamental role of vernacular culture in processes of social history and memory (Beiner 2007; Glassie 2006; Noyes 2003), none have explicitly addressed social remembrances of medical history and the trauma of dealing with illness. By assessing the ways in which the histories of asylums are contested and adaptable, I hope to advance an understanding of how individuals and communities remember living with (or near) mental illness.

Chapter Overview

In this chapter, I have attempted to introduce the cultural and historical context that informs the cultural logic behind contemporary asylum legendry, in addition to explaining my methodology, scope, key terms, and theoretical approaches.

In chapter two, "What's Haunting the Asylum? Understanding (De)institutionalization through Contemporary Legend," I analyze numerous contemporary legend texts that I have collected from university archive collections, scholarly and popular press publications, as well as various online sources. I present the most salient patterns in haunted asylum legends, while at the same time integrating a more targeted literature review of scholarship relevant to depictions of mental illness and institutionalization in narrative. In framing my discussion of asylum legends into preinstitutional, institutional, and deinstitutional legends, I present a model that outlines a significant paradigmatic shift in cultural representations of mental illness and psychiatric health care.

In chapter three, "Checking in or Checking out? "Ostensive Healing" and the Empathetic Experience of Mental Illness at Abandoned Psychiatric Institutions," and for the duration of this work, I focus on my ethnographic fieldwork. As with all the chapters in this dissertation, I begin with a "hook" narrative—a brief portrait of an asylum that introduces the chapter's main themes before turning to a more in-depth case study. For the next two chapters, I consider The Towers Hospital in Leicester, England. In chapter three, I examine fieldwork conducted with multiple ghost hunting companies that compete to host overnight paranormal investigations at the abandoned hospital. Mediums leading these investigations facilitate the sharing of experiences between the institution’s living visitors and its dead ones. As patient lives and the hospital itself are made, learned, and experienced, mediums and ghost hunt participants reclaim the hospital’s

history, achieving a sense of collective justice by uncovering the marginalized voices of those who lived and died there.

In chapter four, "The Gendered Experience of Madness in Haunted Asylum Legendry: From Pregnant Patients, Suicidal Nurses, and Murdered Children to Madmen and Maniacal Doctors," I continue my focus on The Towers Hospital, this time attending to issues of gender in asylum legends. I analyze a set of narratives about the ghosts of victimized female mental patients and asylum nurses and view them alongside their typically violent and dangerous male counterparts. I argue that supernatural legends and memorates about the female experience of mental institutions become part of a discourse that criticizes former models of psychiatric healthcare for women, while also questioning contemporary ones.

In chapter five, “Shit Runs Down Hill” from the Asylum: Cursed, Contagious Places and Categories for Defining a Social Epidemic," I take as my case study the Pennhurst State School and Hospital in Spring City, Pennsylvania. Today, Pennhurst has been transformed into a seasonal "haunted house" open annually during the Halloween season. In my analysis of the PennHurst Haunted Attraction, I elaborate on how vernacular explanations, definitions, and categories for mental illness are articulated and negotiated through legend and its commodification.

Finally, in chapter six, "Closing Doors: Conclusions and Community Reactions," I conclude with one final portrait of an asylum before revisiting the major themes discussed throughout this dissertation. In legend, The North Wales Psychiatric Hospital in Denbigh, Wales, is the site of a vengeful witches’ curse; the home of spectral patients, doctors, and nurses; and the hiding place of a criminally insane serial murderer, known as “Jeff the Killer.” However, members of the Denbigh community commonly dispute the belief that Denbigh is haunted,

emphasizing instead the hospital's real-life tragedies. Contemporary legends about the Denbigh Asylum thus frequently function in dialogue with counter-narratives—other ways of recalling and communicating the hospital's past and present, as well as its future.

I hope that the critical analysis of asylum legends I present here will advance theoretical knowledge on the construction of vernacular explanatory frameworks for mental illness, which can aid in increasing awareness about the impact of stigmatization. At the same time, my project contributes a folkloristic perspective to a topic not explicitly addressed in our field. In so doing, it is also my intention to broaden an interdisciplinary understanding of the impact of psychiatric institutions, which have played an important role in the historical development of psychiatry and in understanding mental illness (Porter 2002). Finally, I also hope that by assessing the ways in which the histories of asylums are contested and reconstructed through contemporary legends my project will contribute to a better understanding of how individuals and communities cope with the challenges of mental illness and the uncertain future of mental health care.

Chapter II

What's Haunting the Asylum?
Understanding (De)institutionalization through Contemporary Legend

The Mental Asylum as Motif

One night, a young teenage couple was out parking when "over the radio came an announcement that a crazed killer with a hook in place of a hand had escaped from the local insane asylum . . . " Most folklore scholars and many Americans of an age will instantly recognize this line from the classic contemporary legend known as "The Hook," which circulated widely in the United States during the mid-twentieth century. Jan Harold Brunvand collected this particular version from one of his students, a young woman who had heard it in 1960 in Albuquerque from her babysitter. The narrative concludes: " . . . The girl got scared and begged the boy to take her home. He got mad and stepped on the gas and roared off. When they got to her house, he got out and went around to the other side of the car to let her out. There on the door handle was a bloody hook" (Brunvand 1981, 49).

Many variants of another classic contemporary legend, "The Boyfriend's Death," contain some of the same core motifs—a girlfriend and boyfriend are out on a date in the guy's car, a dangerous mental patient has escaped from a local asylum, and there is an announcement warning of the patient's escape over the car radio. However, unlike "The Hook," in which the threat of violence is imminent but unfulfilled, the conclusion of "The Boyfriend's Death" is markedly more violent as in the following example archived on Snopes.com, an online repository for popular urban legends.

> A teenager is driving his girlfriend home from a date. The boy had been playing around earlier about the car running out of gas as a means to make out with her. Well, it doesn’t work and she’s mad. He starts up the car to take her home, apologizing all the way, when

> lo and behold they actually do run out of gas. He pulls the car over by some trees. It's very late and the area is secluded and wooded. The boy tells his girlfriend that he saw a gas station a couple of miles back and since going ahead would take even longer, he tells her to stay in the car with the windows rolled up and locked and he'll get back as fast as he can, no sense in both of them going, right?
>
> Well, the girl waits in the car. It's been about 20 minutes when she hears a faint scratching noise. It starts to bother her, but she blows it off as the tree branches hitting the car, it had been windy that day. [sic] She decides to turn on the radio to listen to some music so it won't freak her out. Well, now it's been almost 2 hours and she's starting to get worried. Her boyfriend was a jock and could have easily made it there and back in under an hour. A half hour later she's very worried and decides to turn off the radio and look around. He had told her not to get out under any circumstances so she tries to peer out the window, she sees nothing. To her annoyance [sic] the scratching sound is still there. She decides that she will get out just long enough to break off that damn branch. She gets out and notices the gas can on the ground near the door. She immediately turns around and sees her boyfriend hanging upside down from the tree, throat slit, and his fingernails dragging across the top of the car making a scratching sound. Of course, had she been listening to talk radio instead of music, she would have known a maniac had escaped from the asylum near the woods where they were parked. (Mikkelson 2001)

According to Snopes writer David Mikkelson (2001), this version of "The Boyfriend's Death" was circulating online in 1998. In other versions of the classic legend, both before and since, the violence of the escaped maniac is even more gratuitous. Sometimes, as the girlfriend looks back,

she sees her boyfriend's head "impaled on the CB antenna, dripping blood onto the car." In still other versions, it is a loud thudding sound instead of a subtle scratching that she hears. The police arrive, and as they are escorting the young woman away from the vehicle, they unsuccessfully admonish her not to look back. When she does, she sees the escaped maniac repeatedly slamming the severed head of her boyfriend against the roof of the car (Mikkelson 2001).

In yet another related example I uncovered from the Indiana University Archives—this time a Chicago oikotype collected by an eighteen-year-old undergraduate student for an introductory folklore class in 1972—it is two young women, and not a heterosexual couple, who become the targets of the deranged psychopath. The student collector, Mike Terkhorn, introduces the narrative, which he refers to as "The Madman of Chicago," with a brief description of the situational context in which it was told. The teller is twenty-two-year-old Shirley Hoffman of Steager, Illinois—a small town just thirty-five miles south of Chicago.

> It was on a cold winter night around 11:00 when my three cousins, whom I was visiting, and I decided to tell weird [sic] stories and legends etc. . . . [sic] So to start things off my cousin Shirley, who is a very extravagant story teller to say the least, decided to tell us the old legend, "The Madman of Chicago," which had been circulating throughout the suburbs of that windy city for many years. The legend she told us follows.
>
> It was a warm, rainy, summer night when two tired and weary, attractive girls were making their way through the resting city of Chicago. The city was so quiet because it was now close to 4 o'clock in the morning. The girls had been travelling [sic] the whole day by car, trying to make their way back East from their long exciting vacation of western United States. They had just driven through downtown Chicago and were

> passing through the outskirts of the city when over the car radio the girls heard a news bulletin [sic] about a mentally ill patient at a local institution killing several guards [sic] and escaping. After hearing this the girls were glad they were just about out of the vicinity [sic]. A little while later after hearing several songs and partially forgetting about the news bulletin, the driver of the car decided to stop at a café to get something to eat. She finally found one that suited her, parked the car and turned to her friend who was now sound asleep to tell her what she was going to do. But when she saw how peacefully her friend was sleeping she decided to go into the café and order some food to go. That way they could eat and drive at the same time. She got out of the car and looked around at the seemingly lifeless surroundings and decided to lock her friend in the car just to be safe because she didn't know how long she would be. She returned to the car around twenty minutes later [sic] with their refreshments only to find the car window on the passenger [sic] side smashed in, her friend gone, and the car seat covered with blood. Naturally she was hysterical [sic] and didn't know what to do. She partially got control of herself and decided to call the police. She saw a phone booth on a corner a couple of blocks down the street so she ran for it. Once in the booth she shakenly [sic] placed her dime and began dialing. But as she was dialing for help, a slow steady [sic] motion caught [sic] her eye in an enormous window of a furniture [sic] store not more than five feet from her. To her horror after a closer inspection, she noticed that the motion was that of a sick looking man in a rocking chair rocking the head of her girlfriend. (Indiana University Archives 1972)

Like "The Hook" and "The Boyfriend's Death," the narrative features two young people driving in a deserted area late at night. Again, there is the "escaped mental patient" motif, accompanied

by the warning on the vehicle's radio. The setting is urban. However, the women are entering "the outskirts" of the city. As mentioned in chapter one, most psychiatric facilities were constructed on the margins of cities and towns. This both appeased some residents who felt that their safety was at risk but also conformed to the idea that exposing patients to a more rural setting had greater benefits for their health.

Unlike "The Boyfriend's Death" where the victim is the individual who willingly leaves the safety of the car, "The Madman of Chicago" features an attacker who, violating the perceived safety of the vehicle, breaks in and forcibly removes the woman. The madman's fascination with the decapitated head—mentioned previously as occurring in variants of "The Boyfriend's Death"—accentuates his derangement and elevates the violence to beyond normal. I would be remiss in not footnoting the potentially symbolic connotation here of "losing one's head," which idiomatically denotes a loss of control or a loss of sanity.

In a final more recent example of the escaped-madman-from-the-asylum tale type, "The Clown Statue," which shares many key motifs with "The Babysitter and the Man Upstairs," tells of a young woman who is stalked by a mentally deranged intruder while babysitting her neighbor's children. According to Snopes, versions of "The Clown Statue" began circulating around 2004 (Mikkelson 2014a). I collected the following online from a website known as the Villains Wiki in September of 2018.

> A [girl] is babysitting for a family in Newport Beach, Ca. The family is wealthy and has a very large house with a ridiculous amount of rooms. The parents are going out for a late dinner/movie. The father tells the babysitter that once the children are in bed she should go into this specific room (he doesn't really want her wandering around the house) and watch TV there.

The parents take off and soon she gets the kids into bed and goes to the room to watch TV. She tries watching TV, but she is disturbed by a clown doll in the corner of the room. She tries to ignore it for as long as possible, but it starts freaking her out so much that she can't handle it.

She resorts to calling the father and asks, "Hey, the kids are in bed, but is it okay if I switch rooms? This clown doll is really creeping me out."

The father says seriously, "Get the kids, go next door and call 911."

She asks, "What's going on?"

He responds, "Just go next door and once you call the police, call me back."

She gets the kids, goes next door, and calls the police. When the police are on the way, she calls the father back and asks, "So, really, what's going on?"

He responds, "We don't HAVE a clown doll." He then further explains that the children have been complaining about a clown watching them as they sleep. He and his wife had just blown it off, assuming that they were having nightmares.

The police arrive and apprehend the "clown," who turns out to be a man with dwarfism who escaped from a mental hospital. In some versions he is a homeless person dressed as a clown, who somehow got into the house and had been living there for several weeks. He would come into the kids' rooms at nights and watch them while they slept. As the house was so large, he was able to avoid detection, surviving off their food, etc. He had

> been in the TV room right before the babysitter right came in there. When she entered he didn't have enough time to hide, so he just froze in place and pretended to be a doll. (Villains Wiki)

As in the previous examples, this legend emphasizes the intruder's mental illness. In one variant, also from Snopes, the perpetrator is "a midget dressed as a clown who was schizophrenic and in a catatonic state" (Mikkelson 2014). In another, published on the site Scary for Kids (2012), the clown is "a mentally disturbed midget who was a convicted murderer and cold-blooded killer . . . [an] evil man [who] had been stalking the family for months, lurking in their attic during the daytime and coming out to sneak around the house at night," even watching their children sleep. Other versions include themes of pedophilia "by having a frightened child report [being] touched inappropriately by something in [her/his] room," while still others suggest that the intruder was "a sexual predator wanted in a number of states" (Mikkelson 2014).

The four legends above—"The Hook," "The Boyfriend's Death," "The Madman of Chicago," and "The Clown Statue"—are but a few examples among countless others that feature an escaped mental patient from a local psychiatric institution as the central threat driving the plot of the narrative. In these legends, which proliferated when mental asylums were still common across North America and much of Europe, the notions of senseless criminality, gratuitous violence, deviance, sexual predation, and even evil are conflated with mental illness and sometimes physical disability.

Certainly, the escaped mental patient is not the only figure to fill the role of murderer in contemporary legend. He, and it is almost always a "he," is sometimes an escaped convict from the local prison, or—as "The Clown Statue" illustrates—a homeless man, or otherwise unstable non-normative male. Even in such cases, the perpetrator is portrayed as mentally ill. Thus, in this

category of contemporary legend—often termed horror legends—the mentally ill individual becomes synonymous with violence and depravity, and the asylum becomes the ultimate source, endpoint, setting, or cause of that violence and depravity.

The asylum is a prominent motif in contemporary legend denoting the fearful unknown, aberrance, danger, torment, cruelty, the *un-* and even the *super*-natural. Asylum narratives are significant in that they chronicle and shed light on an important paradigmatic shift in vernacular understandings of mental illness and psychiatric health care—i.e., the shift from an institutional model to a deinstitutional model. In this chapter I will present the most salient patterns in haunted asylum legends in three parts: 1) legends dealing with the initial founding or construction of asylums (preinstitutional legends); 2) legends set during the era of psychiatric healthcare in which long-term institutionalization in an asylum was prevalent (institutional legends); and, finally, 3) legends set during a time when asylums were either in the process of shutting down or had already been permanently closed due to deinstitutionalization (deinstitutional legends).

An analysis of these patterns, particularly within the historical context of (de)institutionalization described in chapter one, will provide a critical backdrop for future chapters. I also intend to provide a foundation for understanding contemporary asylum legends as mediums for embodying and reinforcing or contesting and negotiating—as the case may be—divergent versions of local psychiatric history; the lived experience of asylums; and public debates regarding the past, present, and future of mental healthcare.

Preinstitutional Legends: Origin Stories

The bulk of the narratives in this chapter will fall under the category of institutional legends, which depict committal to, confinement in, or escape from a psychiatric institution.

However, in my research I have encountered a small portion of what I will refer to as preinstitutional legends and rumors, or narratives that depict the origins of an asylum. As you will see, many of these involve motifs of witchcraft, demons, Satanism, or cursed land.

The first time I encountered this type of narrative was during my fieldwork in Leicester, England, which centered on The Towers Hospital. Mike Perrin, a local expert on the vernacular history of the hospital whom you will learn more about in later chapters, told me:

> With what went on [at the Towers Hospital], the aggression from patients, patients being physically abused, [electroshock] [sic] treatments, patients being sexually abused, and the violence that is in that place. It was stated, I have never managed to find out. I can't find any record of it, that the Towers was built on a small, very, very old cemetery, so whether that is something coming through from there, we don't know. But there was talk of various staff in the past being involved in witchcraft, again, whether again that is true, but there was talk of it. It's the old saying, there's no smoke without fire somewhere along the line. It's such a strange place. (personal interview with Mike Perrin, June 19, 2015)

Similar rumors persist about the Danvers State Hospital in Massachusetts (1878–1992), which has become infamously known, according to numerous sources, as "the birthplace of the lobotomy." Richard Estep, author of *The World's Most Haunted Hospitals: True-Life Paranormal Encounters in Asylums, Hospitals, and Institutions* (2016), a popular compilation of haunted hospital lore, includes a chapter on Danvers. He writes:

> The profession of mental health care reached a crisis point during the Depression era. Kirkbride facilities such as Danvers State were designed and built to accommodate no more than 500 to 600 patients . . . [but] more than 2,000 were crammed into the cramped confines of this Massachusetts asylum. In what became an all too common story, the

> limited number of staff was simply unable to cope effectively with the sheer volume of overcrowding that was taking place. Stories of horrible 'experimental' surgeries and other treatments lent the place an air of fear, so much so that author H.P. Lovecraft supposedly used Danvers State as his inspiration for the infamous Arkham Sanatorium in his horror fiction Cthulhu mythos . . . When Danvers State was abandoned, passers-by reported flickering lights in the vacant windows . . . disembodied footsteps . . . shouts, wails, and screams [issuing] from thin air within the long-abandoned basements and tunnels at Danvers—perhaps a ghostly echo of the misery that once pervaded the asylum.
>
> . . . The most common sightings involved spectral patients, who have been witnessed both inside the building and walking through the grounds outside. Local folklore has it that the faces of some of the asylum's poor, tormented souls are sometimes seen peering out from the windows of certain haunted rooms . . . (Estep 2016, 181–182)

The "air of fear" that inspired Lovecraft's Arkham, which in turn—some say—inspired the Elizabeth Arkham Asylum for the Criminally Insane in the *Batman* comic book series, also became the setting for a 2001 American horror film directed by Brad Anderson.

Session 9, considered a cult classic by many horror movie buffs, tells the story of an asbestos clean-up crew, who while working within the deteriorating Danvers Asylum, begin to experience strange things and also discover disturbing audio tapes detailing a patient's regression therapy. The crew's boss, Gordon, mentally unravels throughout the film, and he begins hearing a disembodied voice called Simon, an "entity" discussed on the tapes by the patient's disassociated identities. The film culminates with the violent death of one of the crew members and also Gordon's wife, baby, and pet dog, who Gordon murders at the prompting of Simon. The

film, like many depictions of mental illness in horror legends, films, and literature, leaves it open to the viewer to decide whether Simon's origins are supernatural (i.e., he is a demon, ghost, etc.) or natural (i.e., he is a hallucination caused by mental illness).

In 2005, just a few years after the film came out, Danvers was sold to Avalon Bay Development, which began to demolish most of the old asylum buildings and put up apartments in their stead. However, in 2007, a fire of unknown cause broke out. Visible from Boston, seventeen miles away, the fire devastated Avalon's progress (Asylum Projects 2018).

Today, the luxury apartments—now called Bradlee Danvers—have been rebuilt and leased, and the façade of just one of the original asylum structures remains. The Towers and many other deinstitutionalized asylums have undergone similar transitions. Despite the change in function, the site retains its haunted reputation and is still referred to as "the witches castle," "the castle on the hill," "the haunted castle," or some combination thereof. These nicknames stem from the hospital's association with the Salem Witch Trials, wherein more than two-hundred individuals, mostly women, were accused of witchcraft between 1692 and 1693. Twenty were executed—nineteen were hung and one man was crushed to death. Despite the popular association of the town of Salem with the trials, it is present-day Danvers—previously known as Salem Village—where the infamous events actually took place. The Danvers asylum was built on Hathorne Hill, so named for John Hathorne, a ruthless judge during the trials. Hathorne's home once stood there.

In the popular press publication *Haunted Asylums: Chilling Cases of Deserted Psych Wards, Haunted Asylums* (2015), Seth Balfour describes the connection between Danvers and Hathorne Hill as follows: "One can only wonder—exactly how many women did [John Hathorne] choose to put to death? And [sic] how many of those spirits remained behind as

tortured souls, ready to get revenge by taking advantage of any unsuspecting victim . . . Records state that close to four witches were hung on the hill; we can only speculate as to how many more died in the fanaticism of one man" (19). Balfour jumps to a common conclusion that some of the accused witches were executed on Hathorne Hill, though this is not the case.

Jeannie Banks Thomas (2015) has described the misplaced obsession with the witch trials in the (wrong) town of Salem as a simulacrum trip, "a variant of a legend trip," where "instead of traveling to a site with some sort of direct connection to legend or history, participants visit artificial sites, manufactured objects, and other obvious constructions that have no true, material connections to the story they tell" (67). By extension, Thomas defines sim-ostension as a means for describing "when a legend is associated with a site that has no real or tangible connections to the content of the legend" (68).

In contrast to the sim-ostension that Thomas has documented in Salem, through the guise of "festive" and mostly "playful" witchcraft tourism, Danvers is home to a legend tripping site that does have a direct connection to the history of the seventeenth-century witch trials. The guise it takes is anything but festive and playful, however. Danvers and some of the other asylums you will read about here have a layered history of trauma that makes their dark histories even darker and that becomes a facet of the asylums' legend corpuses.

I have encountered the idea of vengeful "witches" haunting an asylum and its former patients elsewhere. In 2008, the North Wales Psychiatric Hospital, just outside of the small town of Denbigh, received a visit from the cast and crew of the ghost-hunting television show *Most Haunted*. They featured the former hospital, dubbing it "the village of the damned," on a live seven-part Halloween special that year.

The Denbighshire Free Press reported that according to Yvette Fielding—the show's host and main psychic medium—"witches put a hex on the land where the asylum was built before being executed on that very site. Ever since the hospital was completed on the cursed ground in 1848, strange goings on have been recorded" (Forrest 2008). According to several members of the hospital's historical society, whom I interviewed in 2015, rumors like this did not exist before Fielding and her crew visited, but they have existed ever since.

Pennhurst State School and Hospital in Spring City, Pennsylvania, which you will read about in chapter five, has also been associated with witchcraft and occultism. I interviewed Becca Kirschbaum about Pennhurst in September of 2016. Becca was born in 1988 in Kentucky and currently works in Pittsburgh as a copywriter. She is also co-founder of a group called the Resident Undead, which buys and restores haunted properties (several of which have been abandoned psychiatric institutions) for the purposes of conducting paranormal investigations that the public can pay to attend. According to Becca, Pennhurst too has an affiliation with the occult:

> Pennhurst was such an intense place . . . The first thing I remember about Pennhurst was a lot of graffiti, which still exists. But it's not like your typical graffiti. It's like pentagrams and true occult symbols . . . They are all just throughout the place, which is interesting to me . . . I've never been to a place that has so many real ones, so that's interesting . . . I actually had a friend reach out to me who was just at Pennhurst to ask what those symbols were, and I identified some of them exactly. And I reached out to someone else who was able to point out some more obscure occult practices. One of them was like a hexagon, but it was like some obscure occult organization that I had never heard of. But it was like a historical one. That makes Pennhurst even creepier. (personal interview with Becca Kirschbaum, September 8, 2016)

Pentagrams and occult symbols are common enough in abandoned structures. However, Becca makes a distinction between the "real" occult symbols at Pennhurst and "typical graffiti," which she views as being ostensibly inauthentic. While she does not explicitly address the origins of Pennhurst, she does note that the organization associated with the symbols is "historical," inferring that its presence at Pennhurst is older than the current graffiti lets on.

Narratives about the Taunton State Hospital in Massachusetts contain similar motifs. According to Taunton historian William Hanna, Taunton, like many other asylums of the time, was known for the wrongful confinement of "troublesome" immigrants, particularly the Irish (Larocque 2012). It was also known for a number of infamous patients, including nurse-turned-serial-killer Jane Toppan, or Jolly Jane. Jolly Jane, who would first befriend and then murder patients by administering lethal doses of pain medication, confessed to killing thirty-one people. She would often crawl into bed with them while they died.

Author Zachary Knowles, in another compilation of "true ghost stories" about "real haunted hospitals and mental asylums" (2015) summarizes the rumors about Taunton's origins:

> Some say that hospital workers would take the most incapacitated patients down to the basement to perform cult rituals that involved torture and even sacrifices to Satan. For some doctors, Taunton may have been an opportunity to perform experiments that wouldn't have been possible elsewhere. Rumors fly that patients' limbs were removed and reattached to other patients to see how well the body reacted. Usually, these experiments resulted in death.

> It may sound a little far-fetched, but the mysterious Satanic symbols found throughout the basement of the hospital can't be explained any other way . . . [Even] hardened criminals, residents at Taunton . . . refused to enter the basement to do chores . . .
>
> Almost as well-known as the infamous basement at Taunton are the surrounding woods. Legend has it that many members of the town—not just the hospital staff—performed bizarre cult rituals there. Back in the day, people reported hearing moaning, screaming, and loud bangs coming from the Taunton Woods. The really strange thing is that people today still hear them. (Knowles 2015, 20–21)

Balfour (2015) reports, "People even say that [the rituals were] the reason [Taunton] was shut down" (34). He adds:

> Legend also has it that the insane doctors who treated their patients as a pool of sacrificial lambs, were successful. Many of the staff have seen a man in white wandering the halls on the third floor . . . At times, he is reportedly nothing more than a shadow, his form crawling across the wall in a muddled manner. Otherwise, he is seen as a solid figure, stretched out as he strides across the hallway angrily . . . Nobody knows for sure, but many wonder if he is the Devil himself. Did the doctors actually manage to raise Satan through the horrific and brutal murders of those who could not even speak up for themselves? (Balfour 2015, 37–38)

The association of witchcraft and occult practices with insanity is a link that exists in a variety of distinct historical and cultural contexts, and a thorough discussion of this topic is beyond the purview of the present work. However, I note the motifs of witchcraft, demons, Satanism, occult rituals, and cursed land, as they point to a set of popular stereotypes and theories for the origins

and treatments of mental illness: 1) mental illness has supernatural as opposed to natural causes, and 2) psychiatric healthcare is rooted in evil, pseudoscientific motivations and practices. These stereotypes underpin many of the contemporary legends and touristic manifestations of haunted asylums you will see throughout this dissertation.

Institutional Legends

Just as preinstitutional legends allow us to understand some of the ways in which mental illness and mental healthcare are defined and problematized, institutional legends that depict committal to, confinement in, or escape from a mental institution disclose a complex array of perceptions about the behaviors and characteristics of the mentally ill individual.

I began this chapter with a discussion of patients that escape the asylum, a genre that portrays the mentally ill as excessively violent and dangerous. However, the mental patients of legend are victims or aggressors—sometimes both—in approximately equal amounts. I would argue that the patient's status as a victim or a perpetrator of violence depends, more often than not, on whether or not the character has checked-in or checked-out of the asylum. As I turn my attention to narratives about characters who become unexpectedly confined, or who spend all or most of their life in a psychiatric facility, you will begin to see examples of the victimization of the mentally ill.

Institutional Legends: Confinement Narratives and the Path to Madness

It is a familiar conclusion. A perfectly sane person witnesses or experiences some unshakable trauma. Then, as sudden as the flipping of a switch, she or he snaps, and—usually without much deliberation on the part of authority figures or caretakers—ends up confined to the nearest psychiatric facility indefinitely and without hope for recovery. Asylum confinement

legends are the inverse of the escaped-mental-patient motif discussed at the beginning of this chapter and one form of what Diane Goldstein (2015) has called "the insanity coda," wherein the central character of the narrative "goes crazy." As Goldstein observes, the "majority of the narratives" involving the insanity coda "simply [note the character's] collapse" (158). However, others conclude with the person's committal to an asylum.

In her analysis of "Welcome to the World of AIDS," Goldstein found that the coda appears in around twenty percent of the eight-hundred narratives she sampled. In the legend, a young woman (as is often the case) goes on vacation, hooks up with a stranger, and after saying goodbye discovers, through some parting gift or message, that she has now contracted HIV. In one variant, as discussed by Goldstein, the character reads the note informing her that she has the virus, and "'She was never the same again. She's in the Waterford Hospital now'" (158).

After surveying a wide variety of other legends through archival and published sources, Goldstein concludes that in contemporary horror legends "the insanity coda is limited but not uncommon" (159). She notes its appearance in "The Boyfriend's Death" and "The Castrated Boy." Gary Alan Fine, in his study of the "Kentucky Fried Rat," presents an example of a woman who, upon realizing that she is eating fried rat instead of the fried chicken she ordered, goes insane and ends up in a mental institution. Fine notes that thirteen percent of the "Kentucky Fried Rat" legends he analyzed conclude with a description of the effects caused by consuming the rat (Fine 1992, cited in Goldstein 158).

From these examples, it is clear that contamination and confinement often intersect. The corruption of the body through undesired (perhaps culturally unacceptable) food and drink or through the introduction of a life-threatening illness may result in the corruption of the mind as well. However, there are many other catalysts for the onset of insanity in legend. In the next

example, collected by folklorist Bill Ellis (2003) from female undergraduate students at Miami University in Oxford, Ohio (65), it is not a form of physical contamination that drives the central character to madness. Rather, it is the fear of being contaminated by madness itself.

The events of the legend, which Ellis dubs "The Organist and the Maniac," are said to occur in a chapel near Wilson Hall (formerly called "The Pines") and Fisher Hall. According to Miami University's website, these buildings were once part of The Oxford Retreat Hospital (built in 1924) for the mentally ill before being leased to MU in 1936 as residence halls (Miami University Alumni Foundation). Here is a brief version of the legend, as recorded by Ellis:

Theresa: Did you ever hear any [legends] about Kumler Chapel?

Amy: When you mentioned that story about the hair turning white. Yeah, I remember hearing that one . . .

Theresa: I had heard that um, OK, the girl had gone over to practice.

Amy: And the crazy man broke out of–

Theresa: Yeah, another maniac!

Amy: Pines or Fisher Hall.

Theresa: She turned around and there's a guy with bandages all wrapped around him, standing there in back of her.

Amy: And whenever she stopped playing he would come closer.

> Theresa: Yeah. So, she just kept on playing madly and madly and madly through the night so that he wouldn't start moving towards her, and then in the morning–they found her and she had just gone berserk. And her hair had turned white and they had to put her in Pines. (Ellis 2003, 66)

In another telling of this legend, which Ellis collected from a different pair of young women, the maniac is not local. Rather, as one of the women states, he was from a group "of special education—people, you know, RETARDED people" that had come to campus from out-of-town for a tour. As in the variant above, the narrative concludes with the organist being discovered. Her hair had turned completely white, and the people who found her committed her to "an insane asylum—probably over in Pines Hall. Or Fisher" (Ellis 2003, 68).

An interesting difference in the two renditions of this legend is that, in the second, the organist hears but does not see the person approaching her from behind. As Ellis points out, the narrator paints a sympathetic picture of the "maniac" as a "harmless 'RETARDED' person who '*enjoyed [the organist's] playing*' and was merely 'trying to get her to play some *more*'" (Ellis 2003, 70).

In some ways, "The Organist and the Maniac" resembles the legends presented at the beginning of this chapter in that the plot is driven by an "escaped" mental patient, or perhaps one that is just sightseeing away from the confines of home. However, unlike the victims in "The Hook" and "The Boyfriend's Death" who are warned that a deranged psychopath is on the loose, the organist's fear is unfounded. Because we assume that the strange man is retarded or mentally ill, according to Ellis, "we, like the organist, irrationally fear that his actions will be unpredictable and possibly dangerous" (Ellis 2003, 71). The organist does not know whether the

man approaching her is dangerous or not, but she assumes, rightfully or wrongfully, that she is in danger, and she is driven mad from that fear.

As these examples illustrate, the insanity coda, with the addition of the character ending up in a mental institution, is prevalent in numerous legends. If, as Goldstein states, "the loss of one's sanity is a fate worse than death" (158), the addendum of committal to an asylum adds a sense of permanence to the outcome, further amplifying the hopelessness and terror that the narrative produces, and revealing a widespread fear of mental asylums as a place not of healing and treatment, but of imprisonment and psychophysical deterioration. Further, as you have already seen, there is a diverse range of catalysts for the onset of insanity, just as there is a diverse range of reasons for institutionalization. As I explore these catalysts and their outcomes more fully, I will begin to outline some of the most prominent patterns in vernacular depictions of mental illness and institutional confinement.

Institutional Legends: Cannibalism and Dismemberment

In my discussion of the escaped maniac legends at the beginning of this chapter, I pointed out the prevalence of the decapitated head motif. Desecrating the human body through the dismemberment of other body parts or cannibalizing human flesh, both cultural taboos, are also common in asylum legends. I will discuss these concepts in more detail through a close examination of a narrative commonly referred to as "The Cadaver's Arm" or "The Pickled Arm."

Jan Harold Brunvand (1993) collected the following variant of this legend from a woman living in Seattle, Washington:

When I was a schoolgirl in Bellingham, Washington, I knew two sisters whose older brother was a doctor. He told them a story which he said he was sure was told to all young students in every medical college in America, 'The Pickled Arm.'

When young women first wished to become doctors everyone knew no woman could be a good doctor and they must be discouraged. So, in a medical college, probably back east, or in the next state, there came a girl to study. The young men thought of various ways to force her to leave; one had to do with her finding a large dead frog in her soup. She picked it up and put it on the table and went on eating. Then there was a live angleworm in the baked beans. She picked it up and deposited it outdoors and went on calmly eating. Then they had the perfect solution. When she was in a class they went to where they had various pickled parts of bodies and took a pickled arm and put it in her bed; then they waited for her screaming. She went upstairs to her room and soon . . . here she came slowly down the stairs, chewing the pickled arm. She had gone insane!

Years later I was working in an office in Portland, and one of the girls came back from lunch—she had met her mother, but neither could eat a thing. Her mother told her a horrible story, and it was true. A woman at the hairdresser told her . . . then I realized it was going to be the pickled arm story. When she was near the end of the story, I began to laugh. She was indignant. It was *true*! The woman who told her mother had a daughter whose best friend was a niece of a nurse at the insane asylum where the victim now was and often she would not go to bed but sat on the edge of her bed chewing her own arm. (Brunvand 1993, 315)

Brunvand situates the narrative within the context of medical student folklore. He explains that pranks dealing with cadavers demonstrate "bravado in the face of having to regard the human body as a complex mechanism to be viewed dispassionately in the dissecting lab" (317).

The target of the cruel prank in this legend, just as in "Welcome to the World of AIDS," is almost always female. The narrator provides a potential explanation for this: in the male-dominated medical profession, women are often unwelcome, discouraged, and viewed as incapable.

Frederic W. Hafferty (1988) analyzes cadaver narratives as part of the "emotional socialization of medical students." He observes, "Traditionally, cadaver stories depict males as the emotionally transcendent and detached perpetrators, and cast woman most often . . . in the role of the emotionally vulnerable victim" (352). Not only is the protagonist of "The Pickled Arm" punished for pursuing a traditionally male-dominated profession, but she is depicted as lacking the stoicism that is culturally expected of a medical professional. She tolerates the frog and the angleworm, which are common practice subjects for dissection in American high school classrooms, but she reaches her breaking point when she encounters the human arm. The arm is a more advanced specimen, both in terms of its shock value and in terms of the knowledge it requires to understand human anatomy as opposed to amphibian or invertebrate anatomy.

According to John Taylor, history-of-art-and-design scholar writing on the concept of body horror in photojournalism, "If what revolts individuals may vary, there is a consensus on horror in the West concerning the decay and dismemberment of the body." He goes on, "There is a constant remembrance and warding off of death. The body flourishes at first but then it folds and falls away. Even if it is well nourished and cared for, it is always unravelling itself in time." Despite this revulsion, however, people remain fascinated with the concept, and "images of the

body *in extremis* are regular subjects of entertainment" (Taylor 1998, 2), in addition to being present in the majority of asylum legends.

Taking this simultaneous dismay and fascination with decay, death, and dismemberment one step further, the woman's cannibalistic urges at the legend's climax stand in stark contrast to her removal of the frog and the earthworm from her soup and baked beans, respectively. She refuses to consume the animal meat—even releasing the earthworm, an expression of respect for living things. Yet, with the "unravelling" (to repeat Taylor) of her mind, she finally consumes what the men, who in contrast display a marked irreverence for life, have been trying to feed her—dead flesh.

Even the earthworm connotes death and decay. Its natural habitat is soil—which is a sepulchral environment in many cultures—and it feeds on both dead and living organic matter, including its own dead. In other words, earthworms are cannibals, and in the narrative the earthworm symbolically foreshadows the medical student's cannibalistic actions.

The motif of cannibalism appears again and again in asylum legendry and in other cultural representations of asylums. Discussing the cultural meaning and symbolism of cannibalism historically, literature scholar Jennifer Brown writes:

> Cannibalism is . . . generally deemed unnatural and monstrous because it disregards widely accepted norms of eating practices. The human body is considered the pinnacle of the food chain. Cannibalism creates ambiguity because it both reduces the body to mere meat and elevates it to a highly desirable, symbolic entity; it is both disgusting, and the most rarefied of gastronomic tastes. Cannibalism is a forceful reminder of how the human appetite is a life-driving force, and is the ultimate transgression of cultural mores. Furthermore, fear of the Other is often expressed through images of being literally and

> metaphorically consumed by that Other. Cannibalism has a long history of being used to 'other' particular groups. The configuration of colonial subjects, working classes, women, homosexuals, Christians and non-Christians, as cannibalistic is suggestive of the fear and repulsion these groups evoked at various times. He is an omnivore but on the other hand, he is the embodiment of indulgent consumption—gratifying his appetite despite cultural restraints and taboos. (Brown 2013, 4)

The concept of the cannibalistic madwoman or man is one of the many stereotypes in legend that reinforces an othering and simultaneous supernaturalizing of the mentally ill. In the "Cadaver's Arm," the idea that the "human appetite is a life-driving force" is turned on its head. The woman's appetite in this legend is death-driving, for as she begins to consume the flesh of her own dead, she becomes, like the earthworm, a monstrous sepulchral creature. Without her sanity, she is as good as dead herself, and as in many other asylum legends, mental illness is expressed as a liminal state caught between life and death. Like ghosts in purgatory—the madwomen and madmen of legend are not fully dead, nor are they fully alive.

It is not just the object, the cadaver's arm, that causes the young medical student's shock into insanity. The location of the arm's placement and the men's methods are significant as well. The nature of the attack begins as an immature, and ostensibly unsuccessful, "school boy" prank in a public cafeteria. Disregarding their first two attempts at provoking her completely, the final attempt involves not only the dismemberment of a human body, a cultural taboo, but also a violation of one of the most intimate areas of the woman's personal space—her bed. In the spirit of Alan Dundes, who proposed a psychological model for the analysis of legends and suggested that the hook in the Hookman legend cycle was a phallic symbol (Dundes 1971, 30), the cadaver's arm read similarly suggests a pseudo-sexual violation.

Ernest Baughman (1945) summarizes the most prominent motifs in thirteen versions of the "Cadaver's Arm" narrative, including the prank's results, which, he says, are the same in almost all of the variants: "In twelve the victim goes mad, and in the other she dies. In eleven versions the victim is discovered gnawing on the cadaver limb; and in ten of these her hair has turned completely white; and she has become wrinkled and twisted like an old woman. In one story, however, the victim is discovered completely but harmlessly mad rocking the limb as she would a baby while she sings a soothing lullaby" (30). Like "The Madman of Chicago" and certain versions of "The Boyfriend's Death," the madman or madwoman obsessively fixates on a body part, often a head, or, as you have just seen, an arm. Yet, while these narratives have parallel elements, it is important to note the difference between the madwoman cradling the dismembered limb as opposed to the madman. In the first case the insane woman is harmful to no one, except maybe to herself, while in the latter case the insane man is a danger to anyone and everyone.

Here is one more example of the association between madness and dismemberment, taken from the Indiana University Archives. Unfortunately, this particular text did not have any accompanying information except that it was collected in 1962:

> Marty had a girlfriend who was a nurse in a mental hospital. When she told me this story, I got the feeling she really believed it.
>
> This friend came into her room late one night, and she didn't turn on the light because she knew her roommate would be sleeping. She heard the rocking chair creaking, so she turned the desk lamp on. She saw one of the mental patients in the chair—he had cut off her roommate's head, and was sitting there, rocking, and stroking the hair of the head. (Indiana University Archives 1962)

Unlike the examples presented thus far, which either begin or end in a mental institution, the "Mental Patient Murders Nurse" narrative is set completely within an asylum. In keeping with the conservative side of contemporary legends (which is not the only side), both this narrative and "The Cadaver's Arm" reinforce the stereotype that women are easy targets in a male-dominated world. Much like the young medical student in the latter, the nurses' intimate space (the bedroom) is violated by a male transgressor, and the loss of the mental patient's mind leads to the loss of the nurse's head. Inversely, in the case of the medical student, it is loss of limb that leads to the loss of sanity.

Writing on the aesthetic representation of madness and disease, Sander Gilman (1988) states:

> It is the fear of collapse, the sense of dissolution, which contaminates the Western image of all diseases . . . But the fear we have of our own collapse does not remain internalized. Rather, we project this fear onto the world in order to localize it and, indeed, to domesticate it. For once we locate it, the fear of our own dissolution is removed. Then it is not we who totter on the brink of collapse, but rather the Other. And it is an-Other who has already shown his or her vulnerability by having collapsed . . .
>
> . . . It is [within] the tradition of imagining and portraying disease, that we project our sense of eventual (indeed, inevitable) loss. The portrait of the sufferer, the portrait of the patient, is therefore the image of the disease anthropomorphized. (1988, 1–2)

In asylum narratives, the mind and body are inextricably linked. Trauma that happens to one invariably happens to the other, for madness is depicted in legends as a complete and irretrievable loss, from which there is no hope of cure or recovery. Perhaps this is why

cannibalism, dismemberment, and the medical environment are such prominent themes. I have already stated that mental illness is expressed as a liminal state "betwixt and between" life and death. With deteriorating minds and bodies, an expedited aging process so to speak (perhaps accounting for the white hair in many asylum narratives), the mad, as depicted in this particular set of legends, are like living ghosts, eating and collecting pieces of the human dead as they try to counter their "collapse" and "dissolution" by collecting what they no longer have.

I am reminded of Mary Shelley's *Frankenstein* (1818). Shelley, in telling the story of a scientist who created new life from disparate body parts, was aware of and perhaps inspired by true life instances of body snatching, or the practice of stealing cadavers from graves in order to sell them to medical schools (Richardson 2014). Body snatching, though illegal, not to mention unethical, served an important need. At its peak in the seventeenth and eighteenth centuries, it was difficult to attain cadavers through legal channels, and the dissection and study of the human body led to advancements in medical understandings of disease and physiological functions. The mad body snatchers of legend are perhaps indicative of a similar need. Since the mind is presumably part of the body, then why doesn't it follow that an analysis of the latter would allow us to better understand and treat the illnesses of the former? As the madman bashes his head against the roof of a car or cradles it in his hands, soothing it with lullabies, why can't he recover from its "collapse," its "dissolution," its "inevitable loss."

The mind is not dissectible in the same way as the rest of our parts.

Institutional Legends: Suicide, a "Silent Killer"

In the previous section, I touched upon the important topic of gender. You will read more about gender distinctions in chapter four. However, because gender permeates all genres and aspects of asylum legends, I will address it briefly here.

Elissa R. Henken (2004) has outlined various kinds of gender shifts that frequently occur in contemporary legend. She notes that in some legends, where the gender of the protagonist may differ depending on the context surrounding the legend's telling, the variants may have the same functions while at the same time they "reflect very different expectations" (238). As you have already seen, female nurses are common victims in asylum legends, though no one is safe. Nurses and patients (typically female), and to a lesser extent doctors (typically male) are all victims of violent untimely deaths. However, they are victimized in distinct and gendered ways.

As Goldstein (2015) has observed in her survey of the insanity coda discussed previously, "The protagonist who goes spontaneously, quietly, and completely mad in the narratives is always a woman" (159). On the other hand, male protagonists in narratives about mental illness are more commonly the aggressive, "highly visible, monstrously observable insane" (163).

While these gendered expectations are certainly prominent in asylum legends, there are ways in which women's madness is markedly visible—when a madwoman's hair turns white with the onset of insanity, for example. There are also examples of men's madness presented as subtle and understated, particularly in suicide narratives, to which I will now turn.

The three asylum suicide legends that I will discuss in this section demonstrate the complexities of gendered depictions of mental illness and the integral role that the mental asylum has, interwoven into the fabric of such depictions. The first, which I uncovered at the Indiana University Archives, was originally collected by an anonymous undergraduate student from another in October of 1982. The teller discusses the haunting of a building on IU's campus that is now the Career Development Center but was once a Phi Kappa Tau fraternity house. I would not classify this narrative as an asylum legend per say, given that the asylum does not play a central

role. Despite this, however, the asylum motif drives the action of the main character and shares commonalities of note with subsequent narratives.

> The house now belongs to Indiana University, but before the university bought it it was the personal residence of a doctor. This doctor used to perform illegal abortions in the basement of his house. He would take the dead fetuses, put them in jars, and bury them behind bricks in the walls. One of the babies was born alive during an abortion and the doctor had to kill it before he buried it. Supposedly this baby cries at night.
>
> Not being able to cope with the baby's constant nightly crying, the doctor's wife went insane. The doctor was forced to put her in a mental institution and there she died. The doctor fraught [sic] with guilt over his wife's death . . . He hung himself on the spiral staircase just inside the front door.
>
> The university then bought the house from whomever [sic] inherited it and rented it to a fraternity . . . [They] fared little better than the previous inhabitants. They too could hear the cries of a baby . . . (Indiana University Archives 1982)

In some variants, the doctor himself begins to go mad from the ghostly baby's crying, and while his suicide in the home commonly recurs in legends about the Career Center, the presence of the doctor's wife and her committal to an asylum presents an interesting, albeit less common addition. While the doctor himself suffers from a kind of silent mental illness, he is never committed; rather, he remains unfettered, "free" from incarceration. On the other hand, the wife follows the typical pattern that Goldstein points out, "Crazy women are carted away, banished to insane asylums . . . we see them go crazy, but once they are crazy they are removed from the

picture." The cause of the wife's death is thus unsurprisingly ambiguous. Hidden away in the asylum, we do not know whether she died of suicide or some other cause.

The following legend also centers around a doctor—this time a psychiatrist—and the asylum setting is more of a central focus. The Utah State University (USU) Merrill-Cazier Library Special Collections & Archives houses the narrative, and it was told and documented by a twenty-one-year-old USU nursing student named Rebekka Thompson in November of 1995. Thompson titles her brief piece, "Psychiatrist's Ghost."

> There was an old psychiatrist at the Wyoming State Mental Hospital who performed lobotomies [sic] on some of the patients and kept the other patients locked up in chains in the tunnels between the buildings. (As was the practice of treating psychiatric patients back then.) After years of performing these procedures on the patients, he hung himself up in the attic of one of these old buildings.
>
> It is said that he now haunts [the] main administration building at night. There are no longer patients there, but if people are there at night or sometimes even during the day, they can see and hear him walking the floors. (Utah State University Archives 1995)

Though not explicitly stated, the narrator frames the psychiatrist's suicide following the phrase "after years of performing these procedures on patients," suggesting that the psychiatrist of Wyoming State is driven to suicide by guilt, much like the abortion doctor in the IU legend. These doctors descend from a position of respect and authority to one of perceived failure.

In her analysis of university campus ghostlore, Elizabeth Tucker (2007) analyzes themes of insanity and suicide, stating:

> In college, where students feel pressure to be rational, controlled, and successful in getting good grades, metaphors of madness represent just the opposite of a desired future: irrationality, lack of control, and failure. Many college legends mention insane asylums, insanity, and suicide that results from mental instability. Although college ghost stories vary greatly, the themes of insanity and suicide tie many of them together. (58)

Tucker has also noted that "campus ghost stories say very little about why a female student decided to kill herself." Rather, "the reader or listener has to fill in the blanks, imagining what went wrong" (2007, 68). Certainly, this is the case with the abortion doctor's wife, and while her analysis focuses on legends of college campuses, asylums like universities are institutional settings and I would argue that there is a parallel between the college environment and the professional sphere of the doctors in these legends. Like the students in the campus narratives discussed by Tucker, the doctors' suicides are the results of "mental instability" caused by their perceived personal and professional failures.

Asylum suicide legends reflect a disparity in the United States and elsewhere between numbers of male and female suicides. In 2017, the American Foundation for Suicide Prevention published the following statistics on their website:

> "Men died by suicide 3.54x more often than women."
>
> "White males accounted for 77.97% of suicide deaths in 2017."
>
> "The rate of suicide is highest in middle-age white men in particular."

Addressing male suicide, the National Alliance on Mental Illness (NAMI), assesses the gender disparity among instances of suicides by pointing to cultural gender stereotypes:

> A common gender stereotype is that men are emotionally detached and uninterested in feelings. Society mistakenly views signs of distress as signs of weakness; because of this, our male population typically avoids the mental health support systems in place, and views them as unnecessary or perhaps inadequate in addressing their demographic's issues. It's difficult to uproot and dispose of the old mantra of "man up" but perhaps if we can turn seeking mental health treatment into an affirmative, "manly" action, we can help more men get the treatment they need . . . Men are heavily invested in how self-sufficient they appear to the world, which means they're less likely to seek mental health care. (Boyle 2018)

These legends thus reflect an unfortunate societal problem. That male doctors are the main characters in the narratives makes the problem even more evident. The abortion doctor is willing to submit his wife for psychiatric treatment but refuses to seek the same form of help for himself, while the psychiatrist administers the very treatment that he would rather avoid, choosing death instead. At the same time, these narratives invite us to pass judgement over the doctors' actions, for their questionable and unusually gruesome actions and the "emotional detachment" they display in carrying them out. The first doctor either does not hear or is seemingly unbothered by the dead baby's cries that torment his wife and the fraternity brothers who eventually move in, and the second doctor performed his duties "for years" before he commits suicide and continues them even after death. Notably, in these instances of suicide, it is the men's own actions that drive them to their deaths. However, in instances of female suicide like the one that follows, women are presented as passive, driven to the act because of the agency of others.

This next and final example of a suicide narrative is one of the most well-known legends of the abandoned Waverly Hills Sanatorium in Louisville, Kentucky. It is interesting that though

Waverly Hills is a former tuberculosis hospital, numerous people have told me in personal conversation that it is an old mental asylum. Having visited Waverly Hills myself on June 19, 2016, for the purposes of participant observation on an overnight paranormal investigation, and having conducted some cursory research on the hospital, I have discovered that this association is an incredibly common one. As one of the guides informed us on the investigation that night, in the late stages of TB many people exhibit symptoms of mental illness. Thus, Waverly Hills did have a small psychiatric ward on the premises. Yet, the belief that the institution was a psychiatric hospital is intriguing and, in and of itself, reveals much about sociocultural expectations of what purpose a gigantic, frightening abandoned structure in the middle of nowhere must have had.

Figure 8. Waverly Hills Sanatorium. June 2016. Photo by author.

Figure 9. Waverly Hills Sanatorium. June 2016. Photo by author.

The following versions of the suicide legends associated with Waverly Hills, Room 502, are from *Mysterious Universe* and *Prairie Ghosts*, respectively, both popular online sources for urban legends and supernatural accounts.

Room 502

> [One] creepy legend involves a pregnant nurse who allegedly committed suicide in Room 502. Some tales claim a doctor impregnated the nurse and then wanted nothing to do with her. Devastated, the woman hanged herself from an exposed pipe or light fixture. Other versions claim it was the hospital's owner who impregnated the woman and that she

> jumped from the room rather than hanging herself. Regardless of the tale, many Waverly visitors are convinced that an anguished entity lurks in Room 502. (Gordon 2013)
>
> Room 502—The Second Suicide
>
> Stories say that in 1928, the head nurse in Room 502 was found dead in Room 502. She had committed suicide by hanging herself from the light fixture. She was 29 years-old at the time of her death and allegedly, unmarried and pregnant. Her depression over the situation led her to take her own life. It's unknown how long she may have been hanging in this room before her body was discovered. And this would not be the only tragedy to occur in this room. (Troy Taylor & Apartment #42 Productions 2013)

This legend is a particularly popular one at Waverly Hills, and during the overnight investigation at the institution I noted a sympathetic view towards the nurse. Guests on the tours expressed sadness at her fate. She is viewed as a victim of the doctor "who wanted nothing to do with her." It is interesting to note that in the second narrative she is "the head nurse," a position of authority and an accomplishment for such a young woman; her age is mentioned specifically in this narrative.

The *Prairie Ghosts* website continues the nurse's legend with, "In 1932, another nurse who worked in Room 502 was said to have jumped from the roof patio and plunged several stories to her death. No one seems to know why she would have done this but many have speculated that she may have actually have been pushed over the edge. There are no records to indicate this but rumors continue to persist." My guide on the investigation in 2016 told us about this second nurse as well. According to the guide, who preferred to remain anonymous and whom I was unable to record due to the express wishes of the organization hosting the

investigation, the nurse was not pushed. Rather, she committed suicide because she felt what the other nurse felt—grief and desperation over being unmarried and pregnant, which at the time would most certainly have meant the loss of her career and social status. The guide also said that many women who enter the room feel an inexplicable sadness, even before they are told the nurse's story. Expressions of empathy towards the spirits of asylums will be discussed in more detail in chapter three. As I have already mentioned, nurses and doctors figure prominently in asylum legends, and their roles are gendered. Nurses tend to be female and at risk of sexual assault or misconduct from male doctors and patients, while doctors—always male—are frequently feared for their cruelty and cold authority over asylum staff and patients. One commonality is that psychiatric doctors and nurses alike are at risk of being driven mad despite the expectation that they are meant to be the sane ones, the keepers of the mad. However, as you are about to see, in many asylum legends, madness is as contagious as any physical sickness.

Institutional Legends: Madness, a Contagious Disorder

> "But I don't want to go among mad people," Alice remarked.
>
> "Oh, you can't help that," said the Cat: "we're all mad here. I'm mad. You're mad."
>
> "How do you know I'm mad?" said Alice.
>
> "You must be," said the Cat, "or you wouldn't have come here."
>
> —Lewis Carroll, *Alice in Wonderland* (1865)

In the summers of 2014 and 2015, I spent time interviewing community members in the small Welsh town of Denbigh about its North Wales Psychiatric Hospital—the same aforementioned asylum that was referred to as "the village of the damned" when it became the

subject of the popular British television show *Most Haunted*. In reality, when I interviewed two of the hospital's former nurses, I discovered that they and many other Denbigh residents have fond memories of the asylum.

Clwyd Wynne and Dafydd Lloyd Jones, who worked as nurses there from 1965 and 1966, respectively, until its closure in 1995, are also active members of the North Wales Psychiatric Hospital's Historical Society. Both men expressed that they felt more a part of the asylum community than they did the outside community—a feeling, which to a certain extent, continues for them today. From the perspective of residents in neighboring towns, there was a general fear of Denbigh itself and its residents, merely because of its association with the hospital. Clwyd talked about playing on a staff rugby team that was part of a regional club. According to Clwyd, they had "a difficult reception" among the other teams because of their connection to the hospital. "There was one story where one of our colleagues," Clwyd recounted, "was the goalkeeper and there was this group of lads around him and they were making fun of him. In the end, he turns to them and said, 'If you don't be quiet, next week we're going to send the staff team here.'" Clwyd and Dafydd both started laughing at this point, and Clwyd went on, "And they said, 'He's not a patient, is he?'"

Clwyd went on to say that there used to be a local saying, "You don't have to be mad to work here, but if you are it helps." Though he recounted these quips with humor, both men made it clear that underlying stigmatization towards the asylum's patients, staff, and the surrounding community has resulted in an evident group solidarity and a notable protectiveness toward the hospital. Clwyd expressed that when it came to the relationship between patients and staff, "you were more in it together, to be honest," to which Dafydd added "like a family, wasn't it?"

Later, when the asylum shut down, “outsiders,” as Clwyd called them, initially objected to the relocation of the asylum’s former patients in the region, and today many of those "outsiders" still refer to the town of Denbigh as “the Mental,” the same derogatory term that is applied to the hospital. To the dismay of many, in 2015, a local brewer and former employee of the North Wales Psychiatric crafted a beer of the same name—a picture of the Denbigh asylum is clearly printed on the label (Williams 2013).

In the case of Denbigh, the town and its people, not to mention the asylum and its staff, are tainted by association. Inherent in the rumors surrounding the hospital and community is the fear that spending time with or near a mentally ill person will cause you to become mentally ill yourself, or at the very least suffer some sort of negative consequence. The following dite, or statement of belief, housed at the Utah State University Archives, is another example of this. The dite was told by Freida Manning (born 1917) of Idaho in the summer of 1975 and collected by Lyn Egbert, a Brigham Young University undergraduate student:

> In visiting my sister in Blackfoot one Sunday, with other guests, it was suggested that we visit the insane asylum there. I was pregnant at the time with my first baby. My mother said, "Oh, but you can't go because it will affect [your] baby. (Utah State University Archives 1975)

It is not explicitly stated what the "affects" on the baby will be, yet the general idea that visiting an insane asylum will adversely impact the baby's health illustrates the fear that being in close proximity to a mentally ill person is dangerous. This fear indirectly plays a role in "The Organist and the Maniac" as well. The young woman goes insane, not for anything that is done to her physically—there is no violence or even attempted violence—rather, she goes insane because she fears the mentally ill person coming toward her down the aisle of the chapel.

In the next narrative—"Bus Driver Loses Mental Patients," published on the website Scary for Kids in 2015—the "affects" of being in an asylum around mad people is more explicit.

> There was a bus driver who worked for the county hospital. One day, he was transporting 20 mental patients to the state insane asylum. On the way, he got thirsty and decided to stop for a few drinks at a bar.
>
> When he got back to his bus, he was shocked to find it empty. The mental patients had somehow managed to get free and all of them had escaped. Worried that he would lose his job, the crafty bus driver came up with an idea.
>
> He drove the bus down the road and pulled over at the first bus stop he found. He opened the doors and all of people waiting there got on the bus. The bus driver took them to the insane asylum and told the staff that these patients were especially violent and had to be restrained.
>
> It took many months before the staff of the insane asylum realized their mistake. By that time, many of the people had actually gone insane. The real mental patients have still not been found. (Scary for Kids 2015)

The idea that sane people can be mistakenly confined in an institution has historical precedents. In chapter one you learned about how easily undercover journalist Nellie Bly passed for an insane person at Blackwell's Island Insane Asylum, and you will later learn more about how wrongful confinement was not uncommon among members of marginalized groups—women and immigrants, for example. More than this, the idea of contagious insanity reveals the precarious, and often uncertain, boundary between sanity and insanity.

In the stereotypes about the North Wales Psychiatric Hospital staff rugby team—the man speaking to Clwyd's friend became suddenly afraid that his opponent was one of the patients—and in the previous narrative where a busload of twenty "normal" individuals are mistaken for patients, the underlying fear is clear. More often than not, the sane look just like anybody else. Yet, in many other narratives discussed in this chapter, insanity is marked visibly: by a hook for a hand, for instance, or by white disheveled hair.

Sander Gilman (1982) has argued that there is a need to visualize the mentally ill so as to mark them as separate from us. He states:

> The banality of real mental illness comes in conflict with our need to have the mad identifiable, different from ourselves. Our shock is always that they are really just like us. This moment, when we say, "they are just like us," is most upsetting. Then we no longer know where lies the line that divides our normal, reliable world, a world that minimizes our fears, from that world in which lurks the fearful, the terrifying, the aggressive. We want—no, we need—the "mad" to be different, so we create out of the stuff of their reality the myths that make them different. (13)

In the next few examples, you will see more exaggerated forms of identifiable madness, yet in a curious challenge to the common expectation that the mentally ill are inherently violent. In the next section, I will focus on narratives that depict the mentally ill not as aggressors against themselves or others, but as victims of violence caused by others.

Institutional Legends: Medical Experimentation, Monstrosity, Torment, and Torture

Since beginning research on this topic, numerous people I have spoken with about my project have expressed the view that mental asylums are likely to be haunted because of the

torture and abuse, the inhumane treatments, and the anguish that mental patients were subjected to in the confinement of a psychiatric facility. In October 2018, while at the Annual American Folklore Society Meeting in Buffalo, New York, a newly formed acquaintance informed me that while riding in a taxi coming from the airport to the conference hotel, the taxi driver pointed out a unique and impressive building en route. The taxi drive explained that the building they were passing was a former mental asylum that had recently been converted into a hotel. The asylum in question was the Buffalo State Asylum for the Insane, which in 2017 was converted into the Hotel Henry following a $100 million renovation. The taxi driver mentioned to my new friend that he would never stay there because of the place's tormented history and his belief that the building would be forever haunted as the result of that history. Whether converted to a hotel, an apartment complex, or repurposed into some other facility, I have heard this time and time again. This example is purely anecdotal and second-hand. However, in cases where I have been able to dig further and ask, "why wouldn't you want to stay there?" I often hear that it's because of the way the mentally ill inside had to suffer from their illness and from the way they were cruelly treated and experimented on. In the narratives discussed so far, I have focused primarily on depictions of the escaped or committed mentally ill harming others, but now I will address narratives that depict the mentally ill as victims of horrific physical or emotional harm, typically at the hands of their caretakers.

The following example from the Indiana University Archives was collected in 1970 by an undergraduate student named Chris J. Lenwell from Jeri Clark, a former employee of the county home referenced in the text.

> Under the [Hendricks County Home] in the second basement are located the cells where [the] disturbed people were kept . . . The cells are windowless, dank, with the remnants

> of chain bracelets and anklets hanging from the wall, and accessible [sic] only through the thick wooden outer door and the prison bar inner door.
>
> One of these mentally ill inhabitants in the late [nineteenth] century was a short, obese woman with a fat round face, a large pig nose, and large pointed ears. She was known and still referred [sic] to by the aged occupants of the home as the "pig lady." She was kept chained in anklets and bracelets [sic] to the wall and when she would periodically go into heat she became quite aggressive and would violently try to break the chains and get out. At the time, it was not unusual for the county home inhabitants to charge a nickel [sic] for visitors to go down and view "the pig lady." Finally, during one of her periods of heat she tried to chew her chains off and, consequently, mutilated her wrists and ankles and died from loss of blood. Today, if one opens the doors to the cell she once occupied but does not enter, the doors remain open; however, when one just enters this cell, the inner prison bar door swings shut voluntarily. This does not happen in the other cells. (Indiana University Archives 1970)

In the beginning of the narrative, the description is of a "mentally ill inhabitant," a woman who is short and obese. However, by the end, the inhabitant has turned animalistic. She is not just a lady with a "pig nose" but a "pig lady," who like a dog or a pig or a cat "goes into heat," and who is chained like a four-legged animal would be chained, at both her "wrists and ankles." Sexualized, albeit in a grotesque and undesirable way (she is a pig in heat as opposed to a woman), she is so driven by her sexual-animalistic urges that she dies because of them. Like in so many of the narratives about female mental patients or nurses, the Pig Lady is self-destructive, though her primary motivation seems to be escape as opposed to suicide. The fact that today her cell door

will now slam shut if anyone enters her room suggests that as a spirit her motivations have shifted towards an interest in vengeance against those who come to gawk at her as if she were an animal in the zoo.

The next narrative, about "The Melonheads" of Saugatuck, Michigan, presents another example of captive mental patients seeking escape from cruelty and torture. This time there is clearly the motivation to harm one's captors. I originally learned about this legend from one of my students, who had friends living in the Saugatuck area. In researching the legend online, I have also discovered that there are variants of the narrative in rural Connecticut and Ohio. I decided to focus on the Michigan version since the abandoned asylum seems to be a primary motif of the legend. The Connecticut version also frequently involves a psychiatric institution. However, it is sometimes replaced with a prison or a campground, while the Ohio Melonheads have escaped from an orphanage. The Ohio and Michigan versions have inspired horror film adaptations from 2010 and 2011, respectively.

The text below comes from Roadtrippers, which advertises itself as "the nation's fastest-growing web and mobile travel planning platform, with over 5.5 million trips booked to-date." Much like Google Maps, Roadtrippers plots out a route for you, while also pointing out unique places along the way that have to do with local history and folklore. Selecting the tags "spooky places" and "abandoned places" on a trip up to Saugautuck will take you past the Felt Mansion, with the following hook enticing you to take a detour:

> The legend of the menacing Melon Heads is believed to have originated in the woods of Saugatuck, Michigan. The tale tells of a group of a family that gave birth to a brood of deformed children, kids with massively oversized heads. As this particular story goes, the children were shipped off to the old Junction Insane Asylum, where a terrifying madman

> performed twisted experiments on them, injecting their brains with strange fluids and torturing them for his sick amusement. Eventually, with word spreading that the doors of the asylum would soon be shuttered, the kids hatched a plan to end their abuse once and for all. On a rainy night, they attacked the mad scientist, escaping the hospital with his body, and fleeing into the woods. By this point, they had lost their sense of humanity, and they feasted on the doctor's [sic] flesh, scattering his bones around a deserted mansion tucked away in the forest.
>
> . . . In some versions, the feral children were simply released into the woods when the old hospital closed. In others, they merely killed the doctor, opting not to eat him [sic]. However, there is one frightening piece of the tale that has never changed: the disfigured children are still occasionally seen roaming through the woods by drivers of the area's lonely back roads. They came to be known as the 'Melon Heads.'
>
> Today, local teenagers still encounter the Melon Heads along Wisner Road near the old Felt Mansion in Holland, Michigan. It's this very mansion where the disfigured children were said to dispose of the bones of the evil doctor after escaping the hospital. The Allegan County Historical Society is keen to mention that the asylum never existed, although at one point, there did exist a prison. Laketown Township Manager Al Meshkin told the Holland Sentinel that he had heard the tales as a teenager, noting that his friends referred to the beings as 'wobbleheads.' (Newkirk 2014a)

As noted above, the Junction Insane Asylum where the children with hydrocephalus—a condition that causes fluid buildup, an enlarged head, and often brain damage in young children—"never actually existed." Like the assumption that Waverly Hills Sanatorium for the

treatment of tuberculosis was a mental asylum, the fabricated insane asylum setting is an important element in the legend.

In common with the Pig Lady, we see mental illness based not on any recognizable psychiatric disorder, but rather on physical deformity. In both cases, these subjects are sources of "amusement"—the Pig Lady becomes a tourist attraction with individuals paying to view her, while the hydrocephalic children are tortured and experimented on for the "sick amusement" of the doctor. These figures are monstrous and animalistic, evoking both pity and fear, depicted simultaneously as victims and subjects capable of violence and retaliation against their captors and those who disrespect them.

Writing on the subject of disability as it relates to the Donkey Lady legend of San Antonio, Texas, Mercedes Elaina Torrez (2016) states that "bodily disfigurement becomes a form of disability as it invites historically prescribed attitudes of fear, disgust, and fascination towards that which is non-normative" (10). In the Donkey Lady narrative, a reclusive woman is always accompanied by her beloved donkey. One day the donkey bites a child who had been bullying the woman, which causes the townspeople to retaliate and set fire to the woman's home. The donkey dies in the fire, and the woman is severely deformed, taking on the characteristics of a donkey. Driven insane by the experience, she wanders the bridge near her destroyed home, terrorizing locals who come to the bridge to taunt her once more (3–5). According to Torrez, "the Donkey Lady's disfigurement is not an illness." Yet, "the failure of her body to work like a normally constituted body causes her to be seen as a disabled character" (10). Torrez reads the Donkey Lady's fight back against her oppressors as resistance against "a collective history of violence, fear, fascination, and misunderstanding of disability" (15).

Similarly, the Pig Lady and the hydrocephalic children have been institutionalized at psychiatric facilities, yet their disfigurement—the only evidence we have for why they were institutionalized—does not equal mental illness. As with the Donkey Lady, the failure of these characters' bodies to function and appear "normally," causes them to be viewed as monstrous and mad. Unlike other figures of asylum legend who are wronged—the nurses of Waverly Hills, the medical student of "The Cadaver's Arm," or the organist of "The Organist and the Maniac," to name a few examples—the monstrous mad fight back against their oppressors and serve as a warning to others who may be tempted to disrespect them.

Both the Pig Lady and Melonhead narratives above conclude with reference to the shutting down of the institutions said to have housed them. In the case of the Hendricks County Home, the legend continues with a discussion of how the Pig Lady's spirit now opens and closes the doors of the now empty cells in the abandoned institution. In the case of the Melonheads, the children make their escape in light of "word spreading that the doors of the asylum would soon be shuttered" (Newkirk 2014a). Thus, both legend texts bridge the transition between institutionalization and deinstitutionalization and thus provide a logical transition into narratives about the latter.

Deinstitutional Legends

If preinstitutional legends foreshadow and explain the cursed foundations of asylums, institutional legends chronicle a traumatic history of mistreatment, wrongful confinement, medical experimentation, and of often incurable and misunderstood human conditions. In the wake of the deinstitutionalization movement, the historical context for which I have explained in chapter one, asylum legends have taken on new forms, expressing a different set of concerns and categories for explaining and categorizing mental illness. As deinstitutional narratives will be the

focus for the duration of this dissertation, the next example is intended as a cursory introduction to this topic.

The narrative below tells about the infamous Bunny Man Bridge on Colchester Road in Fairfax County, Virginia. Ally Schweitzer (2017), a reporter for WAMU, the radio station of American University of Washington, D.C., collected this rendition of the legend from journalist Matt Blitz who grew up in Fairfax County, which is about a forty minute drive from Washington, D.C. Blitz had known the story of the Bunnyman since he was a teenager.

> The story as [journalist Matt Blitz] tells it is that in 1904, there was an asylum not far from this bridge. Clifton residents didn't like the idea of mental patients near their new homes, so they got it shut down, and all the patients were taken by bus to Lorton prison.
>
> 'Then the bus swerved and crashed,' Blitz says. 'They were able to locate all the inmates that were on that bus, except for one.'
>
> The escaped mental patient was named Douglas Griffon [sometimes Grifton]. After the crash, he disappeared. Weeks passed, and rabbit corpses began appearing in the woods. Douglas was apparently eating bunnies to stay alive. This went on for a while.
>
> Then one Halloween night, a group of kids were hanging around the bridge. 'They reported seeing some sort of bright light or orb,' Blitz says, 'and then in a flash, they'd all been strung up like [the] bunnies — gutted and hanging from this bridge.'
>
> The missing mental patient was, of course, assumed to be the killer.

> 'And the rumor goes, if you come here on Halloween night at midnight, you'll end up just like those kids and those bunnies,' Blitz says. (Schweitzer 2017)

In some renditions, the narrator reveals that the mental patient was known by locals as "The Bunny Man" because he brutally murdered his wife and child on Easter Sunday—the apparent reason for his institutionalization (Newkirk 2014b). In still other variants, the police actually confront the Bunny Man "at the now-infamous overpass." However, in this twist, the escaping psychopath gets hit by a train, "splattering him all over the tracks . . . But while the Bunny Man may have been killed, his spirit is still said to haunt the bridge where he died" (Newkirk 2014b).

The Bunnyman legend carries many of the motifs we have encountered thus far in our discussion of institutional legends: the violent escaped mental patient; the killer's animalistic identity; the return of the Bunny Man as a spirit; and the suggestion of cannibalism. The Bunnyman guts and hangs the kids in the same way that he gutted and hung the bunnies, which he had been eating "to stay alive."

I would also like to call your attention to the frame of deinstitutionalization in this narrative, which is the reason for the Bunny Man's escape: "Clifton residents didn't like the idea of mental patients near their new homes, so they got it shut down, and all the patients were taken by bus to Lorton prison" (Schweitzer 2017). The poetic justice here is that had the residents not protested the presence of an asylum in the community, the Bunny Man would not have escaped and murdered some of the local teenagers. In many deinstitutional legends, the jarring or bizarre event in the narrative stems from this reality: if not for the deterioration and eventual closure of the asylum, it would not have happened.

According to Cross (2004), because we "no longer [separate] the mad from the population, we no longer know who the mad are." Thus, "in the absence of institutional

boundaries" brought about by deinstitutionalization, "symbolic boundaries might help assuage anxiety about those whom we suspect are 'not like us'" (212). On the other hand, that absence may also inspire a desire to reexamine and question the very purpose, meaning, and necessity of those boundaries.

Asylum doors may have closed, but figures like the Bunny Man, the Pig Lady, and the Melonheads remain. In the institutional manifestations of their legends, they were individuals who threatened physical effects on the things and people around them. Now, in deinstitutional settings, they have become ghosts, supernatural figures that haunt bridges, forests, and the inner cells of abandoned buildings. Though the physical walls of the asylum are disappearing, and their doors are closing, such characters remain affixed to institutional spaces, enticing us in and challenging us to rethink the line between the sane and the insane. For, as the next three chapters will show, there is a strong desire to open those doors again.

Chapter III

Checking in or Checking out? "Ostensive Healing" and the Empathetic Experience of Mental Illness at Abandoned Psychiatric Institutions

"Hotel California"

On a dark desert highway, cool wind in my hair

Warm smell of colitas, rising up through the air

Up ahead in the distance, I saw a shimmering light . . .

. . . Welcome to the Hotel California

Such a lovely place (such a lovely place)

Such a lovely face.

Plenty of room at the Hotel California

Any time of year (any time of year) you can find it here . . .

—Don Felder, Don Henley, and Glenn Frey (1976)

The Eagles, an American rock band that rose to popularity in the 1970s, released their fifth studio album *Hotel California* in 1976. Considered one of the greatest albums of all time by *Rolling Stone*, its hit single by the same name won the Grammy Award for Record of the Year in 1978. Since its release, both the album and the song have been the subject of numerous legends and rumors—among them that "Hotel California" is really the Camarillo State Mental Hospital.

It is relatively easy to see how the lyrics provoke images of a mental hospital and possibly the hallucinations of one of its patients: "There were voices down the corridor . . . 'We are all just prisoners here, of our own device . . . I called up the Captain,/'Please bring me my wine'/He said, 'we haven't had that spirit here since nineteen sixty-nine'/And still those voices are

calling from far away,/Wake you up in the middle of the night,/Just to hear them say . . . Last thing I remember/I was running for the door/I had to find the passage back to the place I was before/'Relax,' said the night man,/'We are programmed to receive./You can check out any time you like,/But you can never leave!'" (Felder, Henley, and Frey 1976).

With its tall bell tower and mission-inspired architecture, Camarillo State fits the description well: "Up ahead in the distance, I saw a shimmering light . . . There she stood in the doorway/ I heard the mission bell . . . 'This could be heaven or this could be Hell.'" In addition to the lyrical evidence, the asylum, which is about an hour northwest of Los Angeles, was nicknamed "Hotel California" by its residents long before the Eagles even existed.

Some have also contended that the song suggests a violent Satanic or cannibalistic ritual: "And in the master's chambers/they gathered for the feast/they stab it with their steely knives/but they just can't kill the beast" (Felder, Henley, and Frey 1976). Along these lines, the "sinister figure" in the album's gatefold photo, who looms above band members and their friends from a darkened balcony window, is rumored to be a ghost; Satan himself; or possibly Anton LeVey, infamous founder of the Church of Satan (Raul 2017). As you will remember from chapter two, Satanism, supernatural experience, and mental illness is not an uncommon thematic grouping in legend.

The Eagles themselves have resisted these rumors, explaining that they meant for the song to be a criticism on the excesses of 1970s Southern California high life (Mikkelson 2014b). So, while Camarillo State may not have been the inspiration for The Eagles, it did inspire Charlie Parker's "'Relaxin' at Camarillo" (1947) after the legendary jazz saxophonist spent several months there recovering from an addiction to heroin and alcohol (John Spoor Broome Library). The asylum has also captured the imaginations of numerous film and television producers. The

academy-award-winning film *The Snake Pit* (1948), which I referred to in chapter one was filmed at Camarillo State—as a reminder, the film narrates one woman's harrowing experience in a mental asylum. The once-widely-popular boyband NSYNC filmed their music video "I Drive Myself Crazy" (1999) there as well. The video shows members of the band incarcerated in a padded isolation cell—apparent victims of the familiar driven-insane-by-love motif. Scenes from the supernatural-themed television series *Buffy the Vampire Slayer* (1997–2003) and the American horror film *The Ring* (2002) were also filmed there, and these are just a few examples (John Spoor Broome Library).

Camarillo State was deinstitutionalized in 1997 and has since been redeveloped into the Channel Islands campus of California State University. Like most psychiatric institutions featured in this dissertation, Camarillo State has an unsavory reputation, and today many people believe that the present-day campus is haunted. The authors of *Weird California*, part of a popular travel book series documenting local legends in each US state, write:

> The barbaric state of "care" at Camarillo is legendary and seemed like something out of the Inquisition rather than a place where people were healed. Patients (some of whom were children) were routinely given electroshock treatments, immersed in tubs of hot water and then wrapped in icy towels, beaten and otherwise abused by employees, pumped full of drugs, or simply strapped to tables until they were too exhausted to resist. (Weird U.S.)

Mirroring the hospital's reputation that it was a place of abuse and mistreatment, as opposed to one of healing and therapy, legends about Camarillo State depict sorrowful, despondent, and often violent spirits.

According to several online sources, patients and staff reported hauntings even before the hospital closed. For example, as reported on a website called Dreadcentral.com, one evening a female janitor was cleaning the women's restroom when she noticed a pair of male legs from underneath one of the stalls. The janitor called out to the man several times, but he did not answer. Finally, she pushed open the door only to discover that no one was there (Johnson 2007).

The same website reports that Sheryl Downey, who had been a nurse at Camarillo State for around ten years, saw a patient she had never seen before wearing a hospital uniform that looked oddly out-of-date. It was a busy time of day, just after the patients had been served breakfast, and the unknown man walked into the women's restroom. Sheryl directed another coworker to go in after him. The restroom, which had no other exits, was entirely empty. When the coworker walked out of the restroom, she screamed when she saw the man standing directly behind Sheryl only to disappear moments later (Johnson 2007).

Others have described less innocuous encounters. According to the website Backpackerverse.com, an online guide for those interested in exploring nature and the supernatural, one nurse named Debbie was violently shaken from behind while taking a cigarette break. Another caretaker was sitting alone in an empty room when she felt someone or something grab her by the hair so hard that she was dragged out of her seat. The same website notes that construction workers renovating the buildings for university use reported that their tools would often go missing and sometimes even larger equipment would disappear and then rematerialize in a different locale. Some workers purportedly quit their jobs because of inexplicable occurrences and feelings of unease (Backpackerverse).

An online blogger describes his brother's experience while working as a set builder for one of the many projects filmed at Camarillo State: "While there, little things like the hammers,

wrenches, etc. would disappear and then reappear in other rooms. Windows would shut, microwaves thrown on the floor, the walls would knock, and cold spots happened. They would hear children laughing, but no kids were there. A couple of the crew quit—it was too close to the other side for them." The blog post concludes with a picture depicting a misty, unidentifiable form in front of one of the asylum's buildings: "The crew nicknamed this ghost "Pipes" as it loved rapping on the pipes to the point where the walls would move" (Barrett 2004).

Visitors have also reported seeing an old woman who wanders the grounds aimlessly; a man forever waiting at the bus stop; and a beautiful young woman in white, commonly assumed to be a former nurse, who is always spotted near the bell tower. Many others have heard kid's voices in the halls, as there would have been a children's ward when the asylum was operational (Johnson 2007) or heard "tormented animalistic shrieks and wails" at what is referred to locally as the "Scary Dairy"—once a functional farm where patients engaged in occupational therapy. Undoubtedly, the "Scary Dairy," with its heavy farm implements and more relaxed security, was the perfect setting for getting rid of troublesome or otherwise unwanted patients, and according to legend, several murders occurred there at the hands of orderlies (Backpackerverse).

The back road into the asylum also has achieved legendary status. Numerous unexplained car accidents have occurred there, despite the fact that it was not frequently utilized. One nurse who died in an accident on the road was a young, healthy woman. Her autopsy indicated that she died from a brain embolism (Johnson 2007).

Despite narratives like these, Camarillo State, like other deinstitutionalized mental facilities, attracts those who wish to establish a personal connection with the institution's lurid past.

. . . . . .

It is late on a Saturday afternoon. Laurie, her friend Kat, and a retired police officer named Justin are exploring one of the abandoned Camarillo State Hospital buildings. Feeling a bit uneasy, and not wishing to get locked inside, they make a point of checking that each door they walk through in the "labyrinth" of wards, nurses' stations, and hallways is unlocked.

Standing in a large room filled with what looks like cages, Laurie and her friends hear the unmistakable sound of people talking from someplace else in the hospital. "It's very muffled. It's very distant," says Laurie in a 2014 podcast interview. According to Laurie, the officer decides to investigate. With his hand on his gun, "He gets down to the end of that hallway. He comes back. He says there's nobody there. And the conversation, he said, stopped as soon as he got a certain point down the hallway. He didn't hear anything anymore" (Washington 2014).

As previously stated, Camarillo State is about an hour northwest of Los Angeles, and most of the former asylum's campus was converted into the Channel Islands branch of California State University in the early 2000s. Laurie was a visiting professor at the university in 2012, but her intentions in taking up a temporary position there were not solely academic. An ivy-league-educated scholar in her field,[1] Laurie is also avidly interested in the supernatural and has been having "strange" experiences for as long as she can remember. During my interview with her in March 2018, she described Camarillo State as "the holy grail" of supernatural activity and "the number one destination for anybody who's interested in traumatic hauntings." Not only that but one of Laurie's distant cousins had resided there at one time for "supposed drug addiction" (personal interview, March 5, 2018).

[1] Laurie is a pseudonym, and in keeping with the requests of this informant, all other identifying details have been removed to protect her identity.

As a result, Laurie knew much about the asylum's "really dark history" before beginning her brief tenure at CSU. She had heard rumors about "horrific experiments that the patients were subjected to or about immigrants being dropped off there because [the authorities] didn't want to bother to deport them" (personal interview, March 5, 2018). She had also heard many students and faculty talk about figures who would vanish unaccountably into thin air or describe their discomfort staying on campus after the sun went down. Laurie herself had already seen a few apparitions of her own, but none of those experiences were quite as intense as when she and her two friends entered an otherwise deserted, former asylum building on that Saturday afternoon.

The three legend trippers had begun to do an audio recording, posing questions to the spirits in the hopes that their voices would be captured and preserved. Laurie's friend Kat asks, "How do you feel about not getting out? How do you feel about being trapped here?" In response, "the walls start shaking and reverberating." On the recording Kat can be heard stating apologetically, "We hear you. We hear you . . . Look. It's okay. We don't mean any disrespect or anything like that. I know you must be angry from being in a hospital." Meanwhile, Laurie feels a "burning pain" on her lower back. She lifts her shirt to discover "an angry red mark" there, as if someone had scratched her (Washington 2014).

It was at this point that everyone begins to panic. The friends try desperately to flee the asylum as quickly as possible, but they cannot find their way out. Laurie identifies that moment as "an important part of the story." She states:

> I felt that there was something about the environment that day . . . but it seemed that we had all been, how do I describe it, we kind of stepped into a scene. And we became somebody else . . . It was very much like a reenactment and a possession. And it had, I believe, something to do with the fact that we were starting to panic, and we were feeling

> very vulnerable and very afraid. And we let our defenses down because we were thinking we weren't going to get out, so we were starting to kind of already go down the rabbit hole, psychologically. And I think that left us very vulnerable to the energies in the place . . . We tapped into an alternate time frame. We tapped into the mentality and the feelings of the people that were there, and we started to experience what they would've experienced. And time just disappeared. It's like we had been there forever, and we were never getting out. (personal interview, March 5, 2018)

In this moment of panic, the police officer begins kicking at the door. Kat picks up a blunt object she finds lying on the ground nearby and begins trying to break through a window, which like all the others had been covered with bars. Laurie says of Kat, "She has a look on her face that I don't recognize," and the police officer, starts "pacing around in circles with his hand on his gun" (Washington 2014).

Laurie "snaps" and goes "beyond being afraid" (personal interview, March 5, 2018). As she elaborates in the podcast interview:

> I just wander up to this window, looking over a courtyard. And I hold onto the bars. And I look down there . . . And I just realize I'm never leaving. And this is where it gets difficult to talk about, because I'm starting not to feel like myself anymore. I was gone. I know there are patients behind me. I know that they're sitting there and they're watching TV. I know they're drugged in the corners. I know they're strapped in their beds. I knew exactly what it felt like to be a patient at that hospital. All I was doing was holding onto these bars, looking down at a courtyard that I knew I was never, ever, ever going to see again. And it was the most hopeless—the saddest—thing I've ever felt in my life. (Washington 2014)

Laurie does not remember how much time went by in this "awful moment," she tells me during our interview, but "it was a long time." The "catatonic" state that Laurie finds herself in is broken when one of her companions starts yelling, "Oh my god there's somebody in the courtyard. There's somebody in the courtyard!" This "angel" in the courtyard, a mysterious woman in white whom Laurie was never able to track down after the experience, led the terrified group to a door that they could have sworn had been locked before (personal interview, March 5, 2018). As I recount Laurie's experience, I can't help but be reminded of those lyrics:

> Last thing I remember, I was
> Running for the door
> I had to find the passage back to the place I was before
> 'Relax,' said the night man,
> 'We are programmed to receive.
> You can check out any time you like,
> But you can never leave!'
>
> (Felder, Henley, and Frey 1976)

Laurie would have another unforgettable encounter at Camarillo State that she calls "the worst thing [she has] ever experienced" (personal interview, March 5, 2018). As in the previous narrative, Laurie finds herself possessed by a spirit from the former asylum. This time an entity from the "infamous" Ward 26 follows her home.

According to Laurie, Ward 26 was "an incredibly dark, depressing, [and] overwhelming" place, which caused everyone passing through it to have feelings of "panic and terror." She continues:

They had this underground heating system that would cause knocking on the pipes, so the pipes would warm up and there would be bangs in the wall. But there was this particular night where the banging was so intense that it was absolutely deafening. We'd never heard anything like it. It was like a hundred people were beating on the pipes with wrenches or something. It was so loud . . . And we were just feeling like absolutely terrified. Just terrified. And I remember later on, on our recorders, we got the voice of a man who was just speaking obscenities to us . . .

And that night I remember I woke up around two or three in the morning, and I had like—this was the scariest thing that's ever happened to me—this old-hag, kind-of-terrifying, witch-type thing was literally like on top of me trying to get into my body. And I remember just freaking out and just trying so hard to keep this person out of my body. I don't know what it was. I was at home, but I feel like I had brought this back with me. And it was just this pure evil, crazy, deranged being that was trying to get into my body and I knew it was going to be like a possession. That if I didn't resist it, it was going to take my life. And I remember just fighting with it and fighting with it and fighting with it and finally it disappeared.

I was sick for days after that, just physically sick for days. And it got to the point where I couldn't go to Camarillo anymore because of experiences like that and because I would get an instant migraine. Like I'd walk on that campus and I'd get sick to my stomach. I'd get a migraine. I just couldn't do it anymore. It was having a horrible effect on me physically. (personal interview, March 5, 2018)

When I asked Laurie her theory about who or what this "pure evil, crazy, deranged being" was she explained that when she and her team first started investigating Camarillo State they had gone in with the intention to identify actual patients. Having acquired a roster of some of Camarillo's former residents, they used to call out specific names during their investigations in the hope that they could establish contact with the ghosts of "actual people" and "liberate souls from torture." Unfortunately, Laurie explained, her group was not successful, and as a result of their attempts at heroism, she began to feel like she and her team were being "manipulated by . . . inhuman spirits or something else." She reflected that maybe the malignant force or entity in question was "the spirit of madness" or "the spirit of trauma" (personal interview, March 5, 2018). According to Laurie:

> We never reached individual patients, and my thought on that is that they weren't necessarily there. Their trauma was there. Their pain was there. Maybe there was a scene from their life that they were still playing out there, but as human beings, like as fully formed human beings, they were not there. We were getting...maybe symbolic representations of pain and trauma that were being voiced. And I think there were inhuman evil entities that were preying on them when they were there and that were partially responsible for the madness in the first place . . . And that thing that followed me home was definitely not human. Whether or not that was created, or those kinds of spirits came in and took advantage of people's mental states I don't know, but I could see that those things would drive one mad. (personal interview, March 5, 2018)

In other words, trauma remains at Camarillo State, according to Laurie, effectively accounting for the hauntings that many people have experienced there. Not only that but trauma becomes

one of the primary reasons that legend trippers, urban explorers, and paranormal investigators are drawn to places like Camarillo State.

In Laurie's opinion, "People get fascinated by trauma, and I think a lot of interest in these institutions is about people trying to work through their own trauma and feeling like they can relate on some level to the feelings in these buildings and what the patients went through." In Laurie's case, as a young girl she was in and out of hospitals due to various health problems, and she "related to this feeling of being trapped in a hospital with people experimenting on you" (personal interview, March 5, 2018).

Laurie's perspectives and her experiences at Camarillo State are not unique. In the previous chapter, I focused on a selection of static, now primarily historical, legend-texts that chronicled the peak of institutionalization and the transition into deinstitutionalization. In this chapter and the next, I will focus on living legends and beliefs about asylums, focusing on place-making through ostension and the personal experiences that result from engaging with asylum space.

As you will see in the forthcoming examples, the desire for access to asylums, the tendency to identify and empathize with the former patients, and a motivation to essentially seek justice on their behalf has become prevalent in *living* haunted asylum narrative traditions, especially following deinstitutionalization. The belief that a malignant force or entity—in Laurie's terms "the spirit of madness (or trauma)"—haunts places like Camarillo State is also endemic. These themes will play an important role in this and subsequent chapters as I explore the interplay between repulsion, fear, and stigma, on the one hand, and identification and empathy, on the other, in the memorates, legends, and rumors that follow. Feared and simultaneously desired, the abandoned asylum is a space to understand the trauma of mental

illness; to commemorate and ameliorate the suffering of the marginalized patients of abandoned mental asylums; and in doing so challenge the limitations and fragility of one's own sanity.

The Case of The Towers Hospital in Leicester, England

Legend tripping of the kind that Laurie and her friends engaged in is common. However, as deinstitutionalized asylums decay further or are converted into schools, apartment buildings, hotels, or the like, security measures make it increasingly difficult for the curious public to gain access to them. Consequently, a more formalized means of legend tripping has become popular through structured paranormal investigations hosted by private companies. I acknowledge that the illegality of conventional legend tripping is an integral part of the activity's allure and that, consequently, the commodified legend trip is distinct. However, this form of ostension has become one of the most popular articulations of contemporary asylum legendry. Thus, it will be a central consideration in the next two chapters.

Further, previous legend tripping literature has mainly focused on the adolescent or young adult experience (see Bird 2018 [1994]; Ellis 2018 [1991]; Meley 2018; Tucker 2018 [2016] in McNeill and Tucker 2018). I argue that the commodified trip—as a legally sanctioned means of gaining access to otherwise inaccessible places—is primarily (though, of course, not completely) utilized by adults. As such, the commodified legend trip is distinct from the more thoroughly studied "adolescent trip," wherein young adults perform rituals in forbidden locales, frequently engage in acts of vandalism and sexual experimentation, and otherwise rebel against the authority of adults through *illegal* or socially unacceptable acts (Ellis 2004). If, as Bill Ellis (2004) has noted, the adolescent legend trip is about "challenging the powers of [a] place" and "testing the boundaries of the known world," the adult trip is more about pushing internal boundaries.

In the context of commodified ostensive activities—via the increasingly popular paranormal investigation, or ghost-hunt, for example—abandoned mental asylums are one of the most highly-sought-after destinations. As one professional investigator put it, "On the one hand, a haunted house is great, or a haunted mansion's even better, but a haunted asylum is kind of the ultimate" (personal interview with Kirsty Allan, June 16, 2015). For the duration of this chapter, I will focus on narratives about The Towers Hospital in Leicester, England, as a case study.

While I will present rumors and legends about The Towers, which I collected from various community members, my primary focus will be on memorates from the employees and patrons of ghost-hunting groups that host paranormal investigations at The Towers on a regular basis. Returning to my previous discussion from chapter one, I follow Pentikäinen, Dégh, Bennett, and other legend scholars in taking the genres of memorate and legend as "a paired concept" (Pentikäinen 1968). Not only that, but to reiterate Dégh's argument that legend "cannot be isolated as simple and coherent stories," I will consider the disparate narrative and non-narrative forms that I collected about The Towers Hospital as a connected corpus of asylum legendry that reveals "a complex dialogue involving believers, skeptics, and others in between" (Dégh 2001, 2).

Memorates about The Towers and other asylums are significant in that they not only reinforce, respond to, and interconnect with legends and rumors about mental illness and psychiatric care, but they also chronicle ostensive explorations of the asylum and contribute to a new generation of narratives that capture thriving relationships between living visitors and deceased inhabitants.

Writing on the permeability of personal experience narratives (PENs), more generally, Amy Shuman (2006) suggests:

> At the limits of the narrative production of meaning, the concepts of self, experience, and everyday life are complicated, especially . . . by claims for entitlement and empathy. Both entitlement and empathy claims extend personal narratives beyond the personal; empathy appropriates the personal with the goal of greater understanding across experiential differences, and entitlement reclaims the personal in terms of ownership of experience. (Shuman, 2006, 149)

You will see claims for empathy and entitlement at work in the memorates throughout this chapter. By communicating and empathizing with the hospital's deceased residents through various acts of ostension and legend-making, present-day supernatural tourists enable the spirits of The Towers to share their experiences, emotions, and even their physical and mental conditions with the living—much in the same way that Laurie and her friends connected with the former patients of Camarillo State. In empathizing with and embodying the spirits of abandoned asylums, the participants on commodified legend trips uncover and narrativize marginalized patient perspectives and strive to achieve a kind of retrospective justice for those wrongfully confined, abused, and otherwise victimized in psychiatric institutions. Before analyzing a group of legends and memorates resulting from these processes, I will first situate The Towers Hospital within its historical, vernacular, and cultural contexts.

"Be Careful or You Might End up in The Towers": The Towers Hospital in Vernacular History and Community Memory

Soon to become Hine Park, "a luxury development of charming . . . homes located in the leafy Leicester suburb of Humberstone" (Hazelton Homes), The Towers Hospital today is more a ruin than it is the "dramatic" and "foreboding" "Dracula's castle-type" structure up on a hill that

many Leicester locals remember (personal interview with Amanda Posnett, June 5, 2015).

Figure 10. The Towers Hospital. June 2015. Photo by Author.

When I visited The Towers in the summer of 2015, only one block of original asylum buildings remained. Gutted, derelict, and sectioned off with perimeter patrol chain link fencing, the grim brick structures were out of place in the otherwise pristine and modern-looking neighborhood. Backhoes, bulldozers, other large yellow construction vehicles, and a line of blue Porta Potty huts dotted a grassless, raw terrain that bore track-marks of heavy and purposeful conveyance. Surprisingly, a robust thicket of rose bushes, looking as though it could not have survived long without a gardener's care, outlined the largest of the extant buildings. The temporary headquarters for the Hazleton Homes construction company and a large sign advertising the Hine Park development marked the only permissible way in or out of the building

site.

Figure 11. The Towers Hospital. June 2015. Photo by Author.

Apart from the construction crew, nighttime security guards, and Hazleton Homes real estate agents, the only other visitors permitted access onto the grounds of the former hospital are the customers and employees of two ghost-hunting companies, Haunted Evenings and Simply Paranormal.[2] These groups compete to host overnight paranormal investigations at The Towers each weekend, which typically sell out weeks, sometimes months, in advance. Investigations are led by a cohort of six to ten hosts and accommodate approximately fifty paying customers, who can expect to pay around £60 per person for six to seven hours of guided nocturnal ghost-

[2] The owner of Simply Paranormal disbanded the organization in late 2015. He has since opened a similar organization in the United States called Ghost Hunts USA.

hunting. Since these companies began hosting events shortly after The Towers closed in 2013, thousands of individuals have visited the abandoned hospital as authorized supernatural tourists.

Before The Towers was a popular destination for licit and, of course, illicit legend tripping, it was a "therapeutic community," originally intended to house and provide care for an overflow of Leicester's pauper "lunatics" who formerly had been accommodated in the nearby county asylum—then called the Leicester and Rutland Asylum but known most recently as Carlton Hayes (Record Office for Leicestershire, Leicester and Rutland). Today, Leicester is a large city of more than half a million people, and the construction of the asylum, which commenced in 1865, was necessary in part because of a sharp population increase both in Leicester proper and in the surrounding county of Leicestershire. The other main contributing factor for the hospital's construction was because, despite the population peak, the Commissioners in Lunacy—the primary governing board in the UK that presided over mental health care—declined requests to enlarge the already over-populated county asylum (Record Office for Leicestershire, Leicester and Rutland).

When The Towers opened its doors in 1869 as the Leicester Borough Lunatic Asylum, the facility could accommodate a mere 300 patients. However, to keep up with a steadily increasing number of residents, extensions added in 1883 and 1890 allowed the population to nearly double. Renamed the Leicester City Mental Hospital in 1919, the hospital under its new name would require yet another extension in 1933 as patient and, consequently, staff numbers continued to climb. Renamed for a final time to The Towers Hospital in 1947, the facility by then occupied roughly fourteen acres and oversaw another ninety-one acres of surrounding arable farmland (Expresseum Poetics). Today, only a handful of the hospital's buildings remain of the once extensive campus that, at its peak in the mid-twentieth century, housed more than

1,200 patients (though the statutory limit was 1,020) and upwards of 150 staff members (Record Office for Leicestershire, Leicester and Rutland).

Since the hospital's complete closure in 2013 (inpatient services ceased in 2000), the main building, the chapel, and the female wards have been converted into apartments, while part of the male residential side of The Towers has become Falcons Primary School—Leicester's first Sikh *free school*,[3] which was established in 2014 (*BBC News* 2013). On the other side of Gipsy Lane, directly across from the Hine Park development site, the Humberstone Heights Golf Course stands in place of Francis Dixon Lodge, previously a residential building for high-functioning patients who were able to hold jobs in the community (County Asylums). The Lodge was popular among many of the patients for its collection of birds and its recreational facilities (Expresseum Poetics). In its heyday, The Towers had its own a bakery, shoe and tailor shops, grazing cattle, piggeries, a dairy and slaughterhouse, and fields of potatoes, carrots, cabbage, and other crops, all of which provided occupational therapy for patients and simultaneously kept the hospital a thriving self-sufficient community (Leicestershire Partnership NHS Trust 2013).

The land formerly utilized for these features of asylum life has been superseded by the thriving suburban neighborhood known as Humberstone, which is part of Leicester's electoral ward Humberstone & Hamilton. At the time of the 2011 census, according to data published by the Office for National Statistics, Leicester proper had a population of approximately 510,000, making it the largest city in England's East Midlands Region (City Population 2018). Nestled in Leicester's northeastern corner, the suburban area of Humberstone & Hamilton has a population of about 19,000. Roughly 43.8% of the ward's population was White British, 40% were Asian (primarily Indian and Pakistani), and 4.4% was Black (Leicestershire County Council 2013). The

[3] In England, a free school refers to a school that is funded by the government but which is run by an independent organization or group.

average age in the Humberstone & Hamilton ward is 34, and the religious composition is as follows: 33% Christian, 21% Hindu, 18% None, 15% Muslim, 7% Sikh, and 6% Other (Local Stats United Kingdom). This diversity is apparent in the plethora of ethnic restaurants and grocery stores, in addition to the many mosques, churches, and temples that dot the neighborhood surrounding The Towers.

As already stated, The Towers was not the only psychiatric facility to serve the city of Leicester. The county asylum, Carlton Hayes Hospital,[4] was in operation from 1837 to 1995. Carlton Hayes was essentially on the opposite corner of the city to The Towers, just five and a half miles southwest of Leicester's city center, in the village of Narborough. The Towers is roughly three miles northeast from the city center putting the two hospitals a mere eight and a half miles apart. Carlton Hayes served the mental health care needs of the entire Leicestershire County, while The Towers was effectively the borough, or city, asylum (Expresseum Poetics). Though the county asylum treated more patients overall and functioned for a longer period of time, The Towers figures more prominently in the vernacular culture and memories of many locals. Not only that, but unlike Carlton Hayes, The Towers has maintained a sinister presence in the community. Fueled by media reports and rumors that highlight disturbing incidents and medical practices, many Leicestrians express a dual sense of fear and fascination with the building itself and what happened within its walls.

[4] Like The Towers, Leicestershire's county asylum underwent several name changes. When established in 1837 in a rural area just outside of Leicester, it was known as the Leicestershire Lunatic Asylum and renamed the Leicestershire & Rutland Lunatic Asylum in 1849. In 1914, the original county asylum facility was shut down and a new one was built in Narborough as the Leicestershire & Rutland Mental Asylum. Finally, in 1939, the institution became known as Carlton Hayes Hospital and retained that name until its closure in 1995 ("Refuge or Detention"). The original asylum has since been redeveloped and is now part of the University of Leicester's campus. Though many of the original buildings were torn down, much of the asylum's central building survives today as the Fielding Johnson Building, which houses the bulk of the University's administrative offices.

The quotations below, which are excerpts from longer, more in-depth interviews about the hospital, are from five individuals who currently live and/or work in Leicester. The excerpts encapsulate rumors, personal experiences, and generalized statements of beliefs about the hospital, which I consider components of the hospital's legendry. The quotations provide insight into why and how The Towers is remembered by members of the surrounding community.

The first two recollections come from Caroline Hare (b. 1964) and Keely Moreton (b. 1974), who have both lived in Leicester their entire lives. Caroline and Keely are friends and also colleagues. They tutor children with social and behavioral difficulties. While they have no direct connection to The Towers Hospital, apart from growing up with it in their community, they both attended an overnight paranormal investigation there hosted by the group Haunted Evenings in the summer of 2015. Their motivations for attending this event included what Keely called "a morbid curiosity" and because she and Caroline both had always been interested in seeing what it was like inside (personal conversation, June 21, 2015).

From Caroline Hare:

> I knew The Towers from my dad really who would say, "Be good, or they'll lock you up in The Towers" . . . And I used to, ooh, wonder what it was like . . . I was just quite – not stunned – but I was like, "Ooh, The Towers, and it was full of weird people" . . . Not knowing about mental health then, I just thought it was full of, dare I say, loonies. But it was called the loony bin. (personal interview, June 26, 2016)

From Keely Moreton:

> The Towers was always the one that seemed to be really more frightening. People would go, "Oooh, they ended up in The Towers" and things like that. It's just got a creepy reputation . . . I'm not sure why [The Towers had a worse reputation than Carlton Hayes].

> I know they've got like the high security unit attached to The Towers where they've got quite dangerous people – people that have committed crimes through mental illness and things like that, whether that's part of it. But I think pretty much both hospitals did the same sort of treatments – the electro therapy and all that kind of thing – but I'm just not sure why The Towers [had more of a reputation]. Maybe it's because Carlton Hayes is more out towards the county and The Towers is right in the city.
>
> . . . It was just one of those things that people would say, "Oh, so and so around the corner ended up in The Towers." It was [like], "Oh, they must be really bad if they've gone to The Towers." Something must be really wrong with them if they've ended up there . . . It was the way you'd grade how ill somebody was. (personal interview, June 28, 2015)

The next set of comments come from Mike Perrin (b. 1950) and Ramon Miles (b. 1959). Mike, a psychic medium and retired chef, has lived in Leicester his entire life. Ramon was born in Wales but currently works in Nottingham, which is about thirty miles north of Leicester. He is a qualified nurse and clinical assessor for the ambulance service in Nottingham. He previously worked as a nurse at a prison and at a mental hospital for a time. Like Mike, Ramon is a psychic medium and, at the time of these interviews, both men were working part-time for the paranormal investigation company Simply Paranormal. As such, Mike and Ramon had both worked a number of Simply Paranormal events at The Towers, and they also know about The Towers from residing in the area.

From Mike Perrin:

> It's been known for years as The Towers Loony Bin or the Lunatic Asylum . . . People always used to say, "Oh, you'll end up in The Towers Loony Bin . . . And as you grow older, you learn more about it. You learn more about what types of people are put in there. You learn about things that happen in there, the abuse that goes on, how they were treated . . . There was lots of things printed in the, as it is, the *Leicester Mercury*, ghosts seen at The Towers Hospital, you know . . . It was always just stories that we heard. Abuse-wise, you hear things, used to be reported in the paper, staff abusing patients . . . physical abuse, beaten, locked away, starved, things like that. (personal interview, June 19, 2015)

From Ramon Miles:

> The Towers, when it was open, was renowned for being, well a lunatic asylum, and it was one place where you would not ever want to go. Because the rumors were that you never left. And I think that was probably true in the last century, certainly in the nineteenth century, where if you were ever located or locked up in an asylum, you stayed there until you died. (personal interview, June 18, 2015)

The final recollection comes from Amanda Posnett, a former nurse, who currently works for a local authority in Leicester as a caseworker for "children-in-care" (i.e., foster children). Amanda is approximately fifty years old and has two children, one of whom is a psychiatric nurse. Her brother was also a psychiatric nurse and used to work at The Towers. I was not able to record my interview with Amanda. However, the following is a close paraphrase of our conversation, which I recorded in my field notes:

I had just started as a nurse in the early 1980s and I sometimes had to transfer patients over to The Towers or Carlton Hayes. I was really afraid of The Towers. It was a "massive," "sinister," "Gothic"-looking building with a bunch of towers spiking up from the roof. I guess that's why it was called The Towers.

On the inside everything was painted a "sickly pale green color" with a line of black tiles in the middle of the walls running all the way down these long corridors "for miles and miles." [Amanda describes the way the hallway looked in meticulous details and shudders at the memory, calling the sight "dreadful."] I remember it very clearly. And the patients were drugged with their hospital gowns hanging open in the back. They were "shuffling" around "in circles." They all wore these Styrofoam flip-flops that would get stuck to the floor. [Again, Amanda describes the scene in great detail and mimics the shuffling motion with her hands.] We called it "the lithium shuffle" because lithium was the drug. It was like something "out of *One Flew over the Cuckoo's Nest*." "It was awful." I hated going there. It made me so uncomfortable. I still get creeped out driving by the place today.

I also remember as a kid, my mom would get upset at me and she would say, "I'll end up in The Towers because of you." (personal interview paraphrased from field notes, June 5, 2015)

The Lure of a Dangerous Place

There are several important patterns to note in these recollections of The Towers Hospital. First, The Towers was and for many still is a visual threat. The building itself inspires fear with its enormity, its ominous profile, and its age. With its Gothic-looking architecture and high towers looming along the skyline, which Amanda describes, the foreboding building signifies an era in which mental health care was all but synonymous with confinement. As

Ramon points out, The Towers "was one place where you would never want to go," for according to popular belief, "in the last century, certainly in the nineteenth century . . . if you were ever . . . locked up in an asylum, you stayed there until you died." Yet, at the same time the building inspires fear, it also inspires fascination, even reverence. Caroline, for example, "used to, ooh, wonder what it was like." She felt "not stunned" exactly but "was like, ‘Ooh, The Towers . . . '" indicating awe of the hospital and a desire to know what went on inside this fascinating, and for her, inaccessible place.

This notion of accessibility is another important pattern to take note of. Access for those who were not directly involved in the everyday life of the hospital was rare. Unless you were a staff member, a patient, or a patient's family member, there were few opportunities to see what life was like inside. So, while many people on the inside wanted out, many people on the outside wanted in, if only temporarily and as a means to satisfy their curiosity. Therefore, it is no surprise that Amanda can remember quite vividly the one and only time she visited the The Towers. It is clear from her description of the "sickly pale green" walls, "dreadful black tiles," and seemingly unceasing corridors that the internal structure and features of the building had a lasting effect on Amanda. Not only that, but her detailed recollection of her brief visit and the emphasis she places on what the hospital looked like suggests that the physical environment was an important component of Amanda's discomfort.

Violence and Criminality

It is not only the physicality of the building that evokes fear or discomfort for Amanda or for Keely, Caroline, Mike, and Ramon. They also found the hospital frightening for what and who it contained— "loonies," "weird people," "dangerous people," ghosts, abusive caretakers,

inhumane treatments like electro-shock therapy, and patients trudging aimlessly to the lithium shuffle.

In trying to decipher why The Towers had a "creep[ier] reputation" than the nearby county asylum, Carlton Hayes, Keely comes up with only two things that distinguish the hospitals from one another. First, Keely mentions the high security unit at The Towers "for quite dangerous people." Secondly, she notes that The Towers was "right in the city," while Carlton Hayes was "more out towards the county." The high security unit that Keely refers to is called Arnold Lodge. The Lodge was a fairly recent addition to the hospital, having opened in 1982, and it is the only unit still in operation today. These two factors—the fact that the hospital housed criminally insane patients and that this unit remains open and in close proximity to an urban city center—could certainly account for why The Towers has always possessed a worse and more lasting reputation in the community. Even before the induction of Arnold Lodge, reports of escaped patients, who were considered a danger to themselves or others, were not uncommon in the local newspapers. In addition to a fear of the asylum itself and who and what it contained, there was also unease over the very realistic possibility that dangerous mentally ill patients might escape into the community.

Wrongful Confinement and Vulnerable Populations

The flipside of people within The Towers getting out was that people on the outside felt that they were in danger of getting locked in. The threat, "Be good or you'll get locked up in The Towers," echoed by Caroline and Mike is one that almost everyone who grew up in Leicester before the hospital closed remembers. There are plenty of variations, including what Amanda's mother used to tell her, "[Be good or] I'll end up in The Towers because of you." Sterner parents

would go a step further and say, "Be good or *I* will have you locked up in The Towers." No matter the variation, this common vernacular warning encapsulates anxieties pertaining to who and what was within the hospital—you might get locked in with the "loonies," the "weird" and "dangerous people," with the ghosts and abusive caretakers, etc. Even worse, the phrase is an utterance of the possibility that you yourself or that someone you know—your mother, a naughty child, or a neighbor from around the corner—might be committed. Being committed to a psychiatric hospital meant one of two things: mental illness or wrongful confinement. During a certain period in the hospital's history, the latter was, unfortunately, as realistic a possibility as the former.

In the United Kingdom, it was not until the Mental Health Act of 1959 that patient admissions become more regulated. The Act required, among other things, that a period of observation lasting twenty-eight days and two medical signatures (one from an approved psychiatrist) must be obtained before an individual could be committed involuntarily to an institution (Record Office for Leicestershire, Leicester and Rutland). Prior to this Act, however, there were fewer checks and balances in place to ensure that the committed person was certifiably mentally ill. Mike's comment above, where he states that as he grew older he "learned more about what *type*s of people [were] put in there" (italics mine), alludes to this problem. In other words, there were many individuals committed to The Towers who should not have been. Therefore, the threatening phrase, "Be good or you'll get locked up in The Towers" and its many variations has its roots in the mental health care laws of an earlier era. I would theorize that this phrase is present in every community with a local mental institution and, historically, certain "types of people" were at a higher risk for confinement. Specifically, female patients outnumbered males at The Towers and at other asylums, a fact reflected in haunted asylum

legendry and in the community's memory of the hospital. This gender disparity will be explored further in the next chapter.

The Conditions for a Haunting

Amanda Posnett and her husband John told me that asylums, in general, and The Towers, in particular, are full of negative energy as a result of the suffering that occurred there (informal conversation, June 5, 2015), while Keely Moreton stated, "People think that [asylums are haunted because] people have suffered there and there are more tortured souls and [bad] energy" (personal interview, June 28, 2015). As you will begin to see, the perceived suffering of the hospital's patients expressed in local vernacular narrative, stems both from external sources (i.e., wrongful confinement, physical and sexual abuse, and inhumane living conditions) in addition to internal ones, namely the suffering caused by mental illness.

Caroline Hare's daughter Madi Arnott, who was born in Leicester in 1994, believes that it's the stereotyping of mental patients that causes so many people to view psychiatric hospitals as haunted. She states:

> [The] reason that people would be more scared in a hospital or a mental asylum than they would [in] a graveyard or wherever [is because] they'd be more scared of somewhere that had dead people around – a mental asylum or hospital – because those patients are mentally ill . . . Mentally ill people are capable of a lot worse than sane people . . . [Mentally ill people] are unpredictable. You don't know what they're going to do, right? (personal interview, June 26, 2015).

Kirsty Allan, an independent therapist and wellness coach who works part-time for Simply Paranormal, also refers to both the traumas of mental illness and human suffering as sources for why The Towers garners so much attention as a haunted location. According to Kirsty:

> I think that certainly over in Britain and Europe, well because our buildings are maybe generally a little bit older and things as well than they are in the States, and they've been born out of maybe longer traditions over here of excluding the mentally ill from society. I would think that, on the one hand, a haunted house is great, or a haunted mansion's even better, but a haunted asylum is kind of the ultimate. It seems to be that it's seen to be almost like a portal to another reality regardless of whether there are ghosts there or not because of the human suffering and also because of the augmented reality perhaps perceived through psychosis . . .
>
> . . . So I think that the appeal to the normal person, whatever normal is, is that those who are or were, in the asylum may have had a perception of the paranormal that they themselves would like to experience, that they had an augmented reality, that they weren't ill, they were actually psychic or sensitive or however you want to put it. Also, I think that the amount of suffering that would have gone on in these places, probably really serves to feed the idea that where there's suffering, there will be restless spirits. (personal interview, June 16, 2015)

Taken together, Madi and Kirsty's comments point to a simultaneous fear and fascination with the mentally ill, which makes The Towers particularly enticing.

When I interviewed Tyler Evans, the owner of Simply Paranormal, in May of 2015, he mused that part of the popularity of ghost-hunting at former mental asylums has to do with their

increasing rarity. Not only are abandoned asylums disappearing rapidly because of demolition, decay, or redevelopment, but also, as Tyler informed me, the National Health Service (or NHS) actively tries to prevent paranormal groups from gaining access to these sites. The Towers and Newsham Park—an asylum in Liverpool, England, where Tyler also hosts ghost-hunting events—are only available because they are privately owned. Another contributing factor to the popularity of asylums, according to Tyler, is "[their] scare factor." All types of haunted locations are unique, he said, but many people are attracted to mental hospitals more than any other location because of "what happened there."

Figure 12. Tub for hydrotherapy. June 2015. Photo by author.

Figure 13. Lamps reported to frequently move on their own. June 2015. Photo by author.

Kirsty, Madi, Tyler, and others characterize The Towers as scary not only because of the historical precedents for wrongful confinement and abuse towards patients discussed above, but because institutions like The Towers housed individuals whose behavior and concept of reality is non-normative. Kirsty, in the excerpt above, describes the type of reality experienced by the mentally ill as "augmented" and comparable to that which is perceived by someone having a paranormal encounter.

Kirsty is not alone in linking mental illness and psychiatric asylums to supernatural experiences. As an independent therapist working in mental healthcare, many of Kirsty's clients believe that they do not have an illness. Rather, they believe that they have supernatural abilities, which most others do not possess, including clairvoyance, telepathy, extra-sensory perception (ESP), and the power to communicate with the dead. As I will later show (in chapter five), this

fine boundary between mental illness and supernatural experience becomes another prevalent theme in the ways that people engage with the haunted asylum legendry.

Interestingly, as legend trippers embark on investigations at The Towers Hospital and other asylums, they initiate ostensive acts that effectively mimic types of behavior that are indicative of mental illness, e.g., hallucinating, hearing voices, communicating with intangible beings, and the like. In other words, as you will see, there is an additional motivation from many individuals to understand and simulate for themselves what mental illness feels like.

"I Wouldn't Dare Go in There": The Towers in the Written Record and Local Media

These themes of abnormality, trauma and suffering, inaccessibility, fear, wrongful confinement, vulnerability, and mistreatment of the undeserving are present not only in the vernacular history of The Towers but also in the local media, which further documents and transmits The Towers Hospital's lasting and stigmatized reputation. As Mike suggests in his comments above, the hospital had a high profile in Leicester's newspapers. The *Leicester Mercury,* and to a lesser extent the *Leicester Chronicle* and *Leicester Mail*, reported on occurrences at the hospital and the comings and goings of its patients. The majority of articles from these news outlets—which I accessed at the Leicestershire Records Office, the University of Leicester's *Leicester Mercury* Archive, and at the *Leicester Mercury*'s online archive—tend to fall into one of the following categories[5]: 1) patient deaths due to suicides or undisclosed circumstances; 2) patients escaping into the community; 3) patient or staff injuries, often as the result of a patient's actions; 4) staff members behaving inappropriately towards patients; 5) insufficient resources or conditions for patient care; 5) announcements about activities or events hosted by the hospital; 6) in more recent articles, news regarding the closure of the hospital and

[5] It is important to note, however, that I was only able to gain access to newspaper clippings from a limited time frame, my sample being from the late 1960s to the present.

its conversion into apartments; and finally, 7) a small portion of articles related to the recent supernatural tourism taking place at The Towers.

The majority of these media trends align with the anxieties about The Towers Hospital, expressed above by Caroline, Keely, Mike, Ramon, Amanda, Kirsty, and others I spoke with. In particular, reports of patient deaths, injuries, and escapes; instances of neglect and mistreatment of patients by staff, especially of women; and the deterioration and closure of the hospital corroborated and contributed to an aura of unease. While local newspapers did, from time to time, actively attempt to dispel the stigma surrounding the hospital, reports depicting The Towers in a positive light were inevitably less memorable.

Liam Cupkovic (b. 1988), whose grandfather worked there as a porter during the 1950s and 1960s, grew up hearing stories about the place from both of his grandparents. For many years, Liam's grandparents maintained a collection of newspaper clippings about the asylum that they often referred to in order to corroborate and supplement their firsthand memories. Overwhelmingly, Liam remembers learning about accounts of abuse and negligence of the patients, wrongful confinement, and violent deaths. For example, his grandmother told him about a young man who had been in the army and was a patient at the hospital when it was converted into an emergency wartime center during World War II. Driven over the edge from repeated abuse by his doctor, the young man stabbed and killed his tormenter before trying and failing to kill himself. Eventually, "he got wound up, and apparently . . . died of a heart attack in the end, because there was that much stress in his life and the stress got to him." Liam's grandmother showed him newspaper articles documenting the incident. She and his grandfather also told him about the hospital's "punishment program" from the 1800s. This included withholding medication to provoke patients into becoming "angrier and more upset; locking patients up in

seclusion cells for long periods of time; and forcing them to wear diapers, as they wouldn't be allowed to leave the cells to use the toilet" (personal interview, June 20, 2015).

Liam's knowledge of the hospital's past comes primarily from vernacular history and memory as passed down by his grandparents and others. Liam is not alone in referencing the local news as evidence for the asylum's disturbing reputation. Without any written history of The Towers Hospital available, recollections of the news serve to authorize and support local knowledge of the asylum's past in addition to fueling its negative reputation. For many locals, media reports of tragic and sometimes brutal events also provide supporting evidence for why The Towers is haunted, as in the following examples.

According to Mike Perrin, the *Leicester Mercury* occasionally published articles about ghost sightings at The Towers. He told me that such reports gained prominence during the 1930s, shortly after a new nurse's home was built as part of the 1933 addition. Though nurses and other staff would have lived onsite before that time, Mike said that it was at this point that ghost sightings on the grounds of the hospital began to escalate. In the late 1960s, Mike remembered reading an article in the *Mercury* about a security guard who, while on night duty at The Towers, thought he was chasing a patient around the grounds until the figure "just disappeared into [a] wall." According to Mike, the security guard resigned immediately following the experience (personal interview, June 19, 2015).

Mike is not the only person to remember reading about Towers Hospital ghosts in Leicester's news media. Lisa Woods, an employee of the Guildhall Museum in Leicester, recalls the following account, which she says was published in a magazine approximately a year and a half before our interview in June 2015. According to Lisa:

A security guard [was] working at The Towers Hospital after it was emptied out. But I think there were various different security guards that had been working there and then they'd left because they were so scared. But first of all, it was a gentleman that had worked there, but he only spent like one night there. And then after that he left because he was attacked. Like viciously attacked. And there was nobody there but there were scratch marks on him, so he'd been clawed. It felt like he was being clawed by like another human, but he couldn't see anything. So anyway, he handed in his notice and he said that he wasn't working there.

And then there was a young girl who became like a security officer. She got the job to go and work at The Towers, but she didn't really believe in ghosts and spirits or anything like that, so she wasn't really bothered. So she was like, "Oh, it doesn't bother me. I don't believe in stuff like that." But then . . . the same thing happened to her but she got . . . scratch marks on her back. But there was like photographic evidence. So she [took] photos of what had happened to her and all the claw marks on her. And then she spent, I think, maybe three nights there and then she left.

. . . It was generally the ones that were working at night that were being attacked. But I think the ones that worked in the day, they'd experience strange things, but the turnover of staff was obviously a lot. People would go in and say, I'm not working there. Scary. To be that bad for you to refuse to work there, it must be really scary . . . I wouldn't dare go in there! Don't go! You need to wear armor!

. . . I think it was [the ghosts of] former patients [who attacked the security guards], because there were a lot of people that were in The Towers, and . . . they all had mental

conditions and things like that . . . schizophrenia and mental problems like that. So yeah, pretty scary. (personal interview, June 7, 2015)

In both accounts, encountered in the media almost fifty years apart, a security guard happens upon the spirit of a patient on the hospital's grounds late at night, causing the guard to quit her or his job because of the encounter. In the first, the patient is escaping, while in the second a spectral assailant, whom Lisa assumes is a patient, "viciously attack[s]" not one but a series of security guards. As already stated, both patient escapes and patient attacks on staff were not uncommon occurrences, at least for the living inhabitants of The Towers. Security guards, whose very position was based on ensuring the safety of the hospital's residents in the face of danger, are the victims in these narratives, so to speak, making The Towers seem an especially dangerous place. As Lisa puts it, "To be that bad for you to refuse to work there, it must be really scary," but to be that bad for a *security guard* to refuse to work there it must be even worse.

Narratives about terrorized security guards and construction workers are a common subgenre of asylum legendry for the reason that Lisa presents—if these stereotypically tough and "masculine" protectors of society cannot tolerate mental asylums, then who can?

Mike's and Lisa's reports of these long-gone news items, as well as Liam's memories of his grandparents' newspaper clippings demonstrate the important role of the media in the transmission of both legend and vernacular history, categories that bleed together when it comes to asylums. For Liam, Mike, Lisa, and other members of the Leicester community, the local media and community memory remain the primary sources of information on The Towers Hospital. The local media has contributed and sustained stigma about the former asylum and its residents, even aiding in the circulation of supernatural legends and rumors. Taken together, these narratives, which emphasize abuse and mistreatment toward an already disadvantaged

population, further contribute to the belief that The Towers, and other mental hospitals like it, are especially haunted because of the violence, trauma, and extreme suffering that occurred there.

"Portal to Another Reality": The Towers as a Popular Ghost-Hunting Destination

Despite its closure in 2013, The Towers Hospital has remained a topic of interest and fascination in Leicester and more broadly as well. Today, the asylum's stigmatized history and supernatural reputation have gained widespread popularity through the activities of two competing ghost-hunting groups. In early 2014, Simply Paranormal began hosting overnight paranormal investigations at the abandoned hospital. Approximately one year later, Haunted Evenings began scheduling their own ghost hunts there as well.

On June 12, 2015, I engaged in participant observation on an overnight paranormal investigation hosted by the group Simply Paranormal, and on June 20, 2015, I attended another investigation hosted by Simply Paranormal's competitor, Haunted Evenings. My own experiences on these two overnight paranormal investigations at The Towers Hospital conforms with Holloway's (2010) observation that ghost tourism "[utilizes] a whole series of techniques associated with the legend trip and ostension" (634). Not only that but the structure of many paranormal investigations corresponds with the three stages of a legend trip, as outlined by Ellis (2004). First, there is the introductory stage, in which a place is introduced through narrative, thereby building the tensions and expectations of the group. Whether led by Haunted Evenings or Simply Paranormal, a typical Towers Hospital ghost hunt commences at nine o'clock at night with a group tour. During this tour, a member of staff leads the guests around the building, narrating legends about specific areas of the hospital associated with paranormal activity.

Second, guests of the ghost hunts perform a ritual or series of rituals with the intention of provoking supernatural activity. On a typical Towers ghost hunt, guests are split up into small

groups and attend a series of hour-long vigils, or periods of active ghost hunting, in different areas of the hospital. Vigils are typically led by a medium—i.e., someone who possesses the ability to communicate directly with the dead—and consist of ostensive activities for contacting spirits. One of the most popular is the human pendulum—an ostensive activity with far-reaching and firmly established roots that is part of a larger body of common legend tripping rituals. In it, participants hold hands in a circle and one by one offer themselves as a vessel for a spirit to communicate through. If, when their turn comes, a person is compelled to enter the circle (usually as the result of feeling pushed forward), then the spirit will use that person like a pendulum, pushing them one direction for "yes" and another direction for "no." All the other participants maintain the circle around the human pendulum and pose simple yes or no questions to the spirit. This method allows the person acting as pendulum to embody and temporarily become the spirit who has made contact. In other words, the human pendulum as it is performed at The Towers Hospital is a kind of ostension that enables the subject to represent the asylum's legendry but also the personal experience narratives of its spirit residents. Professional mediums supervise this activity but do not actually take part. It is intended as a way for the guests to temporarily assume the role of mediums for themselves.

Finally, the third stage of a paranormal investigation, as on a typical legend trip, consists of sharing one's experiences and generating new narratives about the location. Often this occurs in the form of memorates. Professional mediums and returning tourists to The Towers incorporate their personal experiences into future investigations and spread them among their ghost hunting friends and colleagues. Following Holloway and Ellis, I consider paranormal investigations at The Towers, which are hosted by Simply Paranormal and Haunted Evenings, as commodified legend trips.

The mediums who attend these events (either as employees or as regular patrons) are the primary facilitators of supernatural experiences on these trips. In their roles as spiritual and historical guides, interpreters, and protectors, they propagate and preserve established vernacular narratives about the abandoned hospital, and at the same time help to generate new narratives through a process of legend-making, thereby contributing to a collective record of the asylum's spirit community and the subsequent evolution of the asylum's legendry. In many ways, the mediums who frequent The Towers Hospital are vernacular historians, documenting and maintaining their community's social memory of its local asylum, while at the same time representing marginalized patient perspectives uncovered from the hospital's "spirit community."

For the duration of this chapter, I will therefore focus on the experiences and perspectives of three mediums who are associated with Simply Paranormal—Mike Perrin, Ramon Miles, and Liam Cupkovic. Mike, Ramon, and Liam's intimate knowledge of The Towers is rooted in the fact that all three men feel a special connection to the asylum.

Mike, who was born in 1950, has lived in Leicester his entire life and is a retired chef. Though he has been seeing ghosts since the age of fourteen, Mike told me that his abilities became more powerful in 1994, shortly after his wife passed away. Mike has attended at least a dozen paranormal investigations at The Towers and he told me that he "[loves] being there," because of how active it is, but also "because it's [in his] home town" and he enjoy learning about local history.

Figure 14. Mike Perrin. June 2015. Photo by author.

Ramon Miles was born in 1959 in Bangor, Wales. He is a qualified nurse and clinical assessor for the ambulance service in Nottingham, which is about thirty miles north of Leicester. He has previously worked as a nurse at a prison and also at a mental hospital. Ramon had his first paranormal experience at the age of seventeen. He considers himself a medium of mid-range abilities and is trying to develop his skills more with Mike's help. Mike and Ramon both work part time for Simply Paranormal.

Figure 15. Ramon Miles. June 2015. Photo by author.

Liam Cupkovic was born in 1988 in Leicester and currently works there as an agent for a facilities and maintenance group. He is one of Simply Paranormal's most regular customers. Liam had his first paranormal encounter at the age of five when he communicated with his departed grandmother. Though Liam does not work professionally as a medium, the Simply Paranormal staff regard his abilities highly and treat him as if he were one of their own. Liam also has a family connection to The Towers. His grandfather worked there as a porter in the 1950s and 60s, and both his grandparents told him stories about the hospital when he was growing up.

Figure 16. Liam Cupkovic. June 2015. Photo by author.

All three of these mediums share a common set of beliefs about the spirit world, which is informed by Christian ideology. Liam identifies as a non-denominational Christian, Mike is Church of England, and Ramon describes himself as a devout Roman Catholic. As such, the men are united by beliefs in God and the devil, demons and angels, the existence of a soul after death, good and evil, heaven and hell, and a kind of limbo for spirits who cannot or will not move on from their past lives.

Ruy Blanes and Diana Espírito Santo (2014) have proposed a phenomenological approach to understanding intangible beings "in their incipient and imminent dimensions, as movements and events (and persons), as well as separate, autonomous existences" (16). Much like David Hufford's experience-centered approach to the study of supernatural belief (aforementioned in chapter one), this approach challenges materialist tendencies in anthropology

and related fields that favor the analysis of entities in terms of biomedical or sociocultural functions, by instead focusing on the “ontological effects” of spiritual beings and the social dimensions of experiencing them (7).

This theoretical framework is a scholarly reflection of the personal views of Mike, Liam, and Ramon. As you will see, these men view the spirits of The Towers as "effects in the world" and active agents with their own social lives, memories, personalities, and motivations (Blanes and Santo 2014, 6). Trapped in a plane of existence different from but aligned with our own, the spirits of mental patients, doctors, nurses, and malicious non-human entities that they encounter continue to live and interact with one another. They have their own life histories and biographies that have an "impact [on] the social trajectories of spirits and people alike" (Blanes and Santo 2014, 128). And while that impact is felt as fear and avoidance from the outside looking in ("Be good or you'll end up at The Towers"), for many who engage with the space of asylums from the inside looking out (Laurie's experience at Camarillo State) there is an inclination toward identification and empathy. As you will see in the next three examples, one each from Mike, Ramon, and Liam, respectively, identification and empathy become the primary means of spirit communication for these men and for many of Simply Paranormal's patrons whom they assist.

"You Can Feel their Pain": Mediumship, Supernatural Therapy, and "Ostensive Healing"

During our interview, Mike was not shy about disclosing the emotional impact that his work at The Towers has on him. As a result, communicating regularly with the hospital's mentally ill and tormented spectral residents takes a physical and emotional toll on him, often resulting in what he calls a "paranormal hangover." He told me that it has taken him as many three to four days to recover from an investigation at The Towers, but even then, once he has "[cleared] everything away," the trauma he has taken on through ostensively connecting to the

spirits there remains. "Things like that are still here," according to Mike. "You can feel their pain. You can feel their upset," he continued (personal interview, June 19, 2015). While many of the mentally ill spirits Mike communicates with are vulnerable and harmless, as you will see more of in the following chapter, others are aggressive, violent, and intimidating.

In the following example, Mike encounters the latter, a malignant and territorial entity often referred to as Oliver, who in life was a disturbed and violent patient with a split personality. You will learn more about this aggressive male spirit, who often targets female guests on Simply Paranormal's investigations, in chapter four.

Mike's Narrative:

> There's one [spirit] that resides permanently under the stage area in the theater. He's a funny character in that he's got a split personality . . . He can be very, very nice, or he can be very, very aggressive. Again, he's another one that pushes and shoves, and he affects people. He actually affects people's temperaments. I could be talking to you like we are now. He could come on me, and I'd go, "Why are you asking that? What do you need to know that for?" That sort of infiltration . . . I'm feeling, I'd be feeling his emotions, and come across very aggressive. (personal interview, June 19, 2015)

Like Laurie, who suffered from persistent migraines and became sick to her stomach whenever she walked around the campus of the former Camarillo State asylum, Mike's visits to The Towers cause him to share both the physical and emotional state of The Towers's spirit residents. In this case it is the aggression of the spirit who resides beneath the theater. Liam and Ramon describe similar experiences.

Liam's Narrative #1:

> When I walk into [The Towers] . . . it's happened to me loads of times—they connect with me through my eyes . . . If they have pain and sorrow, I've actually had it where tears start falling from my eyes for no reason. They seem to connect their pain. My eyes just start to produce tears for no reason.
>
> Shannon: So, do you think you're feeling what they're feeling?
>
> Liam: Yeah, yeah. It kind of feels like they want me to share their pain. Sometimes they don't give me names or anything, they just come to me in that way and just make me cry. . . Sometimes I go extremely cold. Usually I'm quite a warm person, but I do go extremely cold. (personal interview, June 20, 2015)

As you can see, like Mike, Liam's experiences at The Towers Hospital have an often-painful personal impact on him. Nevertheless, he continues to go back, as he feels that there is some kind of purpose to these traumatic encounters not only for him and the other legend trippers who go in and out of the asylum, but also for the tormented spirits who remain trapped there. As such, Liam "[offers his] complete body to the [spirits]," allowing the spirits to "completely take control." In other words, Liam basically becomes the spirit, or in his words, "that person becomes, well that spirit becomes that person through me."

Later on, in our conversation, Liam explained the implications of this process. According to Liam, in more recent times, the staff of The Towers tried their best to improve the quality of life for the patients there. However, in the asylum's earlier days, "it was quite a dark time, [and] it was more like a basecamp where they tortured people rather than [looked] out for them" (personal interview, June 20, 2015). Liam believes that it is for this reason, "because of what happened to them [there]" that the spirits there cannot rest. He continues:

Liam's Narrative #2:

They can't just let go of what's happened. They hold on to the past. Probably . . . some of them don't want to pass over. Some of them want to stay [at The Towers] because they feel if they pass over they'll stop fighting. They feel like it's worth fighting for . . . well, they feel they have to carry on fighting . . . to try and help others. They share their experiences because they don't want people to go through the same thing . . . They're trying to improve us as a society and us as people.

. . . There was a lady that came through and she says that, "What I went through, I don't want anyone else to go through." She spelled that out to us on the Ouija board, and then we started asking questions of what she went through. And she went through rape. She went through, apparently . . . a self-harming as well. She used to self-harm on her wrists, on her legs, things like that. And she says that no one deserves to go through that, what I went through, so I want to give you a chance to know my experiences, so you can move forward and not go through them. Some of them share pain, because . . . they want to actually show you what they've been through, so you don't go through the same situation.

. . . I'm trying to help them come out and bring their pain forward, bring their suffering forward, but also bring their happy times forward. Because, I mean, they must have had some good times in their life at some point. So, I like to bring all sides of things . . . I like them to express how they're feeling . . . I believe it [helps the spirits move on to the afterlife], because they wouldn't come forward to you and get themselves attached to you if there wasn't something in it for themselves. They must see you as . . . some kind of figure that they didn't have in their life . . . So they attach themselves and they feel like

> this is probably my chance to be finally at peace, finally rest, and finally move on to a better place. And if I can help them do that, you know, I feel great doing that. (personal interview, June 20, 2015)

There are two important points that I would like to draw your attention to here. First, Liam states that many of the patients do not wish to move on because they would rather keep "fighting to try and help others." They do not want people to suffer what they suffered. They want to "improve us as a society." There is a sense in Liam's narrative that the spirits have an educational role to play in their interactions with the asylum's modern-day living visitors. At another point in our interview Liam stated that at least one motivation for attending a paranormal investigation at The Towers is "to learn" about what happened to the patients there, a motivation that many others visiting The Towers and other abandoned mental hospitals for the purposes of supernatural tourism expressed to me as well.

Second, while there is something in it for the living visitors to The Towers, there is something in it for the non-living entities as well. If the role of the self-harming spirit that Liam encounters is to educate others about her lived experience of the former hospital, Liam's role is to serve as a kind of supernatural therapist by encouraging traumatized spirits to communicate their feelings and experiences, share their pain and suffering with the living, and ultimately find peace and move on from their suffering.

In the next example and final example of this chapter, Ramon describes the way in which he too often feels what the patients would have felt in life. When we first met, Ramon and Mike were giving me a private tour around The Towers Hospital. Upon entering one room, which Mike explained had been a kind of sitting room for the patients, Ramon began pacing in circles rapidly, because, he said, he was feeling what the drugged patients would have been feeling in

that very room. Later, during our one-on-one interview, I asked him to describe this experience further:

Ramon's Narrative:

A lot of mental health patients just walk around in a circle, walk around in an ever-decreasing circle, ever-decreasing circle all day. They will do that all day. And then sometimes they'll just stop, and they'll move around in a very, in a very small circle all day. When I first went into the room, I didn't see any spirits. They didn't show themselves to me straightaway, but I had this urge to walk around, just walk around, walk around, walk around. And quite often that's their first communication is by them putting on me what they were doing when they were alive. And I go with that. I go with that. And then they sat to show themselves. There were perhaps, I don't know, four, five, six just walking round in the same direction . . . And they're all walking the same direction, because if they didn't they'd be bumping into each other. So, the staff would make them walk round in the same direction, couldn't stop them doing it, so they had them walking round in the same direction. And that, that feeling I think will stay there, that sense, for centuries until it's pulled down. And if they build a house there exactly where it is. If there's a room in exactly the same place where they were walking round, then whoever lives in that house will also get that feeling.

Shannon: So, you were feeling what the patients were feeling?

Ramon: Yes.

Shannon: Does that happen to you often?

> Ramon: Very regularly. I allow them, I allow their thought and their feelings to be shown to me. That then gives me an experience of what life was like for them. I also believe that it takes away some of the pain from those spirits, which is why I allow it happily for them . . . It could be a feeling of loneliness, sadness, pain, stomach pain, chest pain, shoulder pain, headaches, neck pain. I have on many, many, many occasions felt pregnant. And so that comes to me quite easily, and I think that's also spirits who are communicating to me as to how they passed over. And as time goes on, I become more and more sensitive to that. And then I either allow that to come through or not. And it's very powerful in various parts of the asylum . . . They're passing [the pain] on to me. You know, a trouble shared is a trouble halved. And I believe a pain shared is a pain halved, or if I can take it away from them for that short period of time, then I'm happy to do that. And I firmly believe that that is the case. Otherwise, I'll be suffering all this pain for nothing. (personal interview, June 18, 2015)

Like Liam, Ramon ostensively empathizes with the patients of The Towers Hospital for a reason. In this narrative, Ramon indicates that he empathizes with the spirits of The Towers to the point of suffering their pain so that they won't have to, at least for a time. Perhaps influenced by his training as a nurse, Ramon practices a kind of supernatural therapy, helping to heal both the spiritual and physical ailments of the spirits he embodies. He and Liam are not alone in their desire to do this as you will see in the forthcoming chapter, nor is Ramon the only person with a medical history who is fascinated by The Towers. Interestingly, there were quite a few mental health nurses and other individuals with medical backgrounds whom I encountered during my participant observation there.

Folklorist Carl Lindahl (2005) has explicated the altruistic potential of ostension, stating that "ostension can transcend horror and inspire a sense of wonder in those who bring legends to life." He goes on, "Like role-playing criminals, would be saints create for themselves a scripted world infected with violence, but the saint enters that world ostensively as the victim rather than the villain and in the process of death is transformed into a spiritual hero" (165). Liam and Ramon, in the excerpts above, and Mike too, in other examples that he shared with me, enact the role of spiritual hero for the spirits of The Towers. By empathizing with and taking the side of the marginalized mentally ill victims of the asylum, these three men perform what Lindahl has termed "ostensive healing"—an act which simultaneously involves assuming the roles of the victimized spirits and, in so doing, rescuing them from their continuous trauma.

In empathizing with and embodying the spirits of abandoned asylums, the participants on commodified legend trips uncover and narrativize marginalized patient perspectives and strive to achieve a kind of retrospective justice for those wrongfully confined, abused, and otherwise victimized in psychiatric institutions. However, on the flip side, the marginalized patient perspective does not belong to the patients; rather, it is owned (quite literally) by the mediums and ghost-hunting participants. As a result, ostensively healing the spirits of The Towers is as much an act of entitlement as it is an act of empathy.

Delineating the ethical complications that accompanies these aspects of personal experience narratives, Shuman (2006) writes:

> Storytelling is pushed to its limits both by the use of a particular story beyond the context of the experience it represents and by the use of a personal story to represent a collective experience. We ask, who has the right to tell a story, who is entitled to it? And we ask, is this representation a sufficient, adequate, accurate, or appropriate rendering of

> experience? Ethical questions of ownership overlap with cultural conventions for representing experience . . . What raises the stakes is the claim that the truth that the story represents is not only factual, representing events that actually happened, but also true in the larger sense of conveying a true understanding of human experience. (149–150)

So, in the midst of these highly altruistic ostensive activities, there is still the issue that though the marginalized former inhabitants of The Towers have an eager audience—ready conduits for the trauma of their experience—their experience is still not their own.

"The Unspoken Need for Justice"

Mike, Ramon, and Liam all view themselves as being personally responsible to the spirits-in-need at The Towers. They strive to aid the hospital's spirit residents whenever possible even when this involves experiencing pain and suffering so that others won't have to. Kirsty Allan, who is a friend and colleague to Mike, Ramon, and Liam, and who also has a background in the mental health field reflects:

> I think that with empathy, and with the public wanting to go into these areas, there's a morbid curiosity, for sure, but I also think with empathy, it's kind of like an unwritten need or an unspoken need for justice. There's sort of a need for karma, a need to go in and say, well are there these tortured souls here? First of all, do they exist? And if so, what are we going to do about it?
>
> . . . You know, it's like these people who were there, they're gone and they're forgotten. And there's not really anything to mark their having been there, so I think there is a strong sense of seeking justice or seeking emotional karma on their behalf. (personal interview, June 16, 2015)

There is no memorial to the thousands of people who lived at The Towers, many of whom did suffer and die there. Further, mental illness is often called an "invisible illness." Institutions like The Towers once stood as massive physical reminders that mental illness was a present and pressing concern. But now, as more and more of these institutions vanish, many people question whether there is enough being done in their absence to provide adequate care for mentally ill individuals and erase the stigma that often prevents them from seeking that care. Mike, Ramon, and Liam are advocates for a compassionate and empathetic approach towards a troubled and controversial history in their efforts to give voice to the marginalized and all-but-forgotten patients of the now abandoned mental asylum. Further, by facilitating empathy on ghost hunts at the hospital, the mediums encourage others to learn about The Towers's history and to reflect on the pain and trauma of mental illness as well. To quote Shuman once more, "Storytelling offers as one of its greatest promises the possibility of empathy, of understanding others. Empathy offers the possibility of understanding across space and time, but it rarely changes the circumstances of those who suffer. If it provides inspiration, it is more often for those in the privileged position of empathizer rather than empathized" (153).

As you will see in subsequent chapters, ostensive empathy at abandoned mental asylums does not always provoke altruism or the intention to heal the downtrodden. Identification and empathy with the "villainous" figures of asylum lore—the mad doctors, dangerous male patients, and evil non-human entities like the kind that Laurie referred to at the start of this chapter, are prevalent as well, and are often deeply rooted in the stigmatization of the mentally ill.

Chapter IV

The Gendered Experience of Madness in Haunted Asylum Legendry: From Pregnant Patients, Suicidal Nurses, and Murdered Children to Madmen and Maniacal Doctors

The Corpse Stain of Margaret Schilling

On December 1, 1978, in the middle of a particularly harsh winter, Margaret Schilling—a patient at The Ridges, a mental hospital in Athens, Ohio—went missing. Forty-two days later, on January 12, 1979, a maintenance worker discovered Margaret's corpse inside of a locked room in an unused area of the hospital. She was naked. Her neatly-folded clothes were sitting in a pile beside her. To this day, a stain outlining the shape of a woman's prone body remains permanently imprinted on the concrete floor where Margaret died, despite repeated efforts to remove it (Newkirk 2016).

After the Ridges closed in 1993, having served the Athens community for more than a century, its former buildings became part of the Ohio University (OU) campus. According to popular belief, Margaret continues to haunt the site of her death, which is located in what is now OU's Kennedy Museum of Art. Passerby have seen her looking down at them from the room in which she died (H 2015). Recent additions to the legend tell of the deaths of several OU students who, infected with the despair that Margaret felt as she lay dying, went crazy and committed suicide shortly after touching the corpse stain[1] (Stine 2016).

Accompanying this core narrative are numerous variables about Margaret herself. She is often characterized as calm, quiet, and harmless, a patient who was easy to deal with and well-liked by her doctors and nurses. Some versions of the legend emphasize that Margaret was childlike and slow-witted, qualities stereotypically associated with mentally ill individuals. These

[1] Legend trippers will often lie down on the stain in an attempt to provoke Margaret's spirit.

traits explain why, in certain variants, Margaret is given more freedom than most of her fellow patients. She roamed the halls and grounds of The Ridges at will and occasionally wandered into town where a caring Athens resident would contact the hospital and report her whereabouts (Newkirk 2016). In another, albeit less common group of narratives, Margaret is not so innocent. She is seductive and enterprising—an indecorous chain smoker who trades sex with the orderlies for cigarettes and other difficult-to-attain goods (Stine 2016).

Margaret's character and mental state plays an implicit role in *why* she ends up dead. In one version, which often coincides with depictions highlighting her naiveté, Margaret is playing hide-and-go-seek with an orderly when she gets lost and becomes trapped in a forgotten ward (Forgotten Ohio). Another variation, stressing the damaging nature of her illness, is that Margaret was suicidal and simply did not want to be found. In still other manifestations of the legend, Margaret is even more vulnerable; in addition to suffering from a psychiatric disorder, she is also deaf and dumb, which renders her incapable of calling out for help (Stine 2016).

How Margaret died is as open to speculation as her character and the circumstances leading up to her death. Sometimes it is the elements that kill her. The winter cold in an all-but-forgotten area of the hospital, combined with the harshness of an unforgiving sun streaming in through the window, cause both her death and the preservation of her body's silhouette upon the floor. The interpretations presented thus far suggest that Margaret's death was accidental; however, her demise is not always described as being so random or innocuous. Some say that she was found with strangulation marks on her neck. Raped and murdered by one or perhaps several of her caretakers, the room in which she died had been purposefully locked from the outside (Stine 2016).

Whether dead at the hands of abusive or merely negligent caretakers, these legends depict Margaret as the victim of a psychiatric healthcare system on the verge of collapse. The neglect and the violence against her are, in many ways expressed in these narratives as symptoms of deinstitutionalization. The year was 1978, and asylums like The Ridges were at the cusp of closure. Entire wards had been abandoned and were deteriorating rapidly. For example, one deserted ward—N20, which was intended for patients with infectious diseases—is often cited as the location of Margaret's death (Creepypasta 2013). No longer a place of healing, The Ridges had become a hostile environment, a source of danger and instability for patients who had called it home for many years.

The legend of Margaret Schilling is symptomatic of this historical shift, and it is also indicative of gendered patterns in the history of psychiatric health care and in the legendry surrounding asylums. In a significant portion of legends about Margaret, she is the victim not only of neglect and abandonment, but of sexual violence and exploitation as well. Reflecting the fact that women have vastly outnumbered men in being diagnosed, treated, and institutionalized for mental illness, both in historic and contemporary contexts, it is perhaps not surprising that one of the most common motifs depicted in haunted asylum legends is that of the female mental patient. While Margaret's experience typifies that of the madwomen of legend, her story is tame in comparison to many of the narratives compiled here in this chapter. As you will see, neglect, expulsion, abuse, and abandonment are not the only markers of being female and mentally ill.

In what follows, I will analyze a set of narratives about ghosts of victimized female mental patients and asylum nurses and view them alongside their typically violent and dangerous male counterparts. Building on my discussion of empathy in the previous chapter—which evinces that many individuals desire to identify with the former residents of psychiatric

institutions and to seek justice on their behalf—I will show how gender impacts the interpretation, narration, and ostensive experiences of haunted asylum legendry. I argue that supernatural legends and memorates about the female experience of mental institutions become part of a discourse that criticizes former models of psychiatric healthcare for women, while also questioning contemporary ones.

Pregnant Patients, Suicidal Nurses, and Murdered Children

> My grandma told me there was a lady in there and she got treated quite badly. And she ended up pregnant by one of the doctors, and then she unfortunately hung herself, because she thought that she was totally in the wrong but obviously she wasn't. It was just her illness that made her go like that. She actually hung herself near where they do the operations in there. And they just found her body hanging in the morning.
>
> —Liam Cupkovic (personal interview, June 20, 2015)

Vulnerable, victimized, and frequently sexualized, the female mental patient or nurse of haunted asylum legendry is often accompanied in narrative by an unplanned pregnancy or child and a violent male aggressor. I have observed the following gendered tale types in the numerous legend texts I have collected during my fieldwork and from archival and popular sources, some of which I described in chapter two: A young woman's family commits her to a mental hospital for being unmarried and pregnant, often as the result of rape. She gives birth to a child, who is forcibly taken from her. Incarcerated for life and overcome with grief over the loss of her child, she goes insane and eventually commits suicide. In one variation, a female patient already residing at the asylum is raped by a male caretaker or other resident and is driven to suicide after, or sometimes before (as in the example above), she gives birth to the child.

In a related but distinct tale type, it is a female asylum nurse who is brutalized by a male doctor or patient. Though the nurse too becomes pregnant as the result of sexual assault, she does not give birth to the child. Instead, in an act that unites her with her mental patient counterpart, she commits suicide in the asylum before others can notice her pregnancy.

Legends about what happens to the illegitimate children of these women are prevalent as well. Whether they grow up in the asylum and enter the same cycle of abuse suffered by their mothers or are killed in infancy and buried in unmarked graves, such narratives offer a condemnatory commentary. Depicted here is a system of care that abuses and discards the most vulnerable and in-need members of a population—namely, those who fall into the sometimes-overlapping categories of mental patient, socially outcast single mother, and forcibly orphaned child.

The Towers Hospital is just one example of an asylum where narratives about victimized female mental patients and nurses are prominent. As a reminder, The Towers is situated on the outskirts of Leicester, England, a large city of more than half a million people, and the hospital, which opened in 1869, began the process of closure in the year 2000. Nevertheless, many people I met during my fieldwork in the summer of 2015 had something to say about the now defunct mental institution and its treatment of female patients. Whether through a detailed recollection of a tragic news story, a frightening rumor, or a vivid first- or second-hand experience, people express a simultaneous fascination and disgust with the condition of women at the asylum.

While waiting for an overnight paranormal investigation with the company Haunted Evenings to begin, I asked a group of women in their late teens and early twenties why they had decided to attend a ghost hunt at the Towers. The women said they were curious about the people who used to live there, particularly the female patients who had been wrongfully confined.

According to them, many young women had been committed for "ridiculous things like being on their periods, speaking out against men, or becoming pregnant outside of marriage." One woman said that during a different era, she or any one of her friends might have suffered a similar fate. Similarly, Caroline Hare—a fifty-three-year-old Leicester native and social worker—reflected on having postnatal depression after her daughter was born: "Now, in those days that'd be classed as [a] mental illness, and that's why a lot of women were [committed]. [There were] more women in the Towers than men . . . I would [have been] classed as mentally ill." She went on, "I don't think a lot of the people that were in there at that time were [actually] mentally ill."

In concurrence with Caroline's assessment, Mike Perrin, Simply Paranormal's most experienced medium, explained that during paranormal investigations at the Towers he communicates with many female spirits who were wrongfully confined and mistreated at the hospital. He views abuses toward women and children as particularly egregious. According to Mike:

> Some of the stories and things that come out, yeah it does affect me, more so of being a father, more so of the children. And how women are treated and stuff like that, because, you know, I'm old school. I'm 65, and I'm brought up in the old school. You don't ill-treat a female, whether they're mentally retarded or mentally ill or whatever, you don't ill-treat females. You don't ill-treat [children]. (personal interview, June 19, 2015)

Mike's protective and somewhat chivalrous nature goes a step further. He informed me that, as a medium, though he possesses the ability to help spirits move on to the afterlife, he only does so "under certain circumstances" because he believes that it is not right to "tamper with the spirit world." For Mike, those special circumstances consist of the victimization of "unwed (or

unmarried) moms," as he calls them, and their asylum-born children. Mike gave me the following example of one such case:

> Three months ago [I did] move a little girl on who was being stalked by another spirit in the hospital . . . by an adult . . . He had been abusing her. I didn't find out how the child died, but she died at the hospital and he was still stalking her . . . He could have killed her. But she was that scared, and if he came into the room, she would hide. She'd hide behind [someone] and just peep out . . . She was a patient. He was a patient as well, both patients. So, we did in that circumstance move the child on, because we managed to get him out, but sad, sad cases, sad, sad cases like that. It does affect me emotionally, some of the ones we get like that. It's hard not to, I don't take the spirits on, but I take the emotion on . . . (personal interview, June 19, 2015)

The child spirit depicted here continues to be sexually, physically, and emotionally abused in death as she was in life by a violent male entity. In our conversation about this particular experience, Mike told me that most of the children born at The Towers were either removed to an orphanage or relocated to community homes along with their mothers. In some cases, according to Mike, they did stay at the asylum, as there was a special children's ward for those born with mental illnesses or disabilities. The little girl in the example above falls into this category. Notably, she herself is a potential unmarried mom, who like her foremother and her own potential offspring, might spend the majority of her life *and* her afterlife within asylum walls trapped in a perpetual cycle of abuse.

Mike's colleague Ramon Miles, who is a fifty-six-year-old nurse and clinical assessor for the ambulance service in Nottingham, England, had also encountered many female victims and child spirits at The Towers. Ramon had been working for the company as a medium for about

three weeks at the time of our interview, and he had only investigated the hospital twice. According to Ramon:

> . . . There was a lady that came through. She was a young girl who was raped, became pregnant, lost the child, and then was consequently raped again, and she carried through the pregnancy. I don't know if you're aware, but it was normal practice for single women, single women who if they became pregnant—and this was just people out in society—if they were not married and became pregnant, they would end up in a lunatic asylum for the rest of their lives . . . The initial one [the rape victim he just referred to] wasn't [put in an asylum for this reason], but a lot of the women or young girls there did come in with a child, and they were raped and had other children. So, there are a lot of illegitimate children there. And what I was not able to get from the spirit was what happened to the children when they were born . . . From the very beginning it was obvious to me, they didn't want to communicate what happened to the babies . . . I think they were killed by the staff and buried in the grounds. And that's sad. That is one side of the asylum that really sickens me. (personal interview, June 18, 2015)

As you can see, Ramon has a more sinister theory about what happened to children born at the asylum. He believes that they were killed and buried in unmarked graves.[2] In either case, both Mike and Ramon suggest that women who became pregnant outside of marriage and their asylum-born children account for a substantial portion of the spirits haunting The Towers. Both men also adamantly express their disdain for how women and children were treated at the

[2] The burial of patients who died due to mysterious or questionable circumstances in unmarked graves is a common motif in asylum lore.

asylum and feel especially protective over these kinds of spirits. I have already described Mike's stance on this issue, but Ramon has a unique perspective as well.

While Mike is selective about which spirits he will liberate due to religious reasons, Ramon faces a different kind of "ethical dilemma" when he considers moving a spirit on. He states, "The trouble . . . is that because there are so many ghost hunting companies there every weekend, if we were to move the spirits that were there over to the light, in twelve months' time, there'd be nobody there to go and visit, because they'd all have moved over." As a result of this professional quandary, Ramon tends to assist the troubled ghosts of The Towers more through a kind of spirit therapy. In other words, by empathetically sharing a spirit's trauma and emotions through various forms of ostension, as discussed in the previous chapter, Ramon relieves the spirits' "feeling[s] of loneliness, sadness, pain, stomach pain, chest pain, shoulder pain, headaches, neck pain," and so on. In addition to taking on and thereby alleviating these forms of suffering, Ramon told me that he has "on many, many, *many* occasions felt pregnant" (personal interview, June 18, 2015). Notably, Ramon stresses his experience of feeling pregnant, suggesting in this list of both emotional and physical ailments that pregnancy was an everyday affliction faced by patients of the asylum.

Ramon is not the only person to ostensively share experiences of pregnancy and motherhood with the spirits of The Towers. In fact, empathizing with the ghosts of victimized female mental patients is extremely common on paranormal investigations at this asylum. In the next example, Mike narrates an encounter that one of Simply Paranormal's patrons had with a spirit mourning for her lost child:

> We got this woman on the pendulum who was put in there as an unmarried mother. As you're aware, they used to do that years ago, somebody who was unmarried, and they

were pregnant . . . If they were poor, they lived where they lived. If not, they were put into an institution. This lady was put in there [in the middle of the human pendulum], and . . . the lady on the outside [one of the ghost hunt participants] said I've got the letter *m*. *M* came into my head, and this lady started crying. She said, "I'm a little child. I'm a little child." And it came to my mind then that the woman on the pendulum was an unmarried mom. So, I went down that line of sort of questioning [and] she did—very, very hesitant at admitting it—but she did eventually admit it. And I went through the same thing of asking her about the child. Was it born alive or what have you? And she confirmed it was. Did she keep it? No, it was taken away. And then I said to her, "Did you name your child?" And she said, "Yes." And I asked again, "Did the child's name begin with the letter *m*?'" And then I went to the next letter and the next letter, and then I came straight out and said, "Was the child's name Michelle?" And she said, "Yes." But the child didn't live all that long. The child died. And I, through the line of questioning, she was looking for the child, she had been looking for the child, but she now realized the child was up above. And she wanted to join the child . . . If I go back and I [make contact with] her again . . . we will move her on. We'll move her on. I don't like the thought of her being left there. (personal interview, June 19, 2015)

In this session, the spirit contacted is an unmarried mom whose child Michelle was taken from her by asylum authorities and died not long after. While the mother's spirit essentially inhabits the person serving as the human pendulum, another woman participating in the activity manifests as Michelle. This becomes apparent when the latter starts repeating "I'm a little child. I'm a little child." It is clear from Mike's description of her crying, that the woman is significantly and

emotionally affected by this act of empathy. Mike, not surprisingly, promises to go back later and help the mother join her child in the afterlife.

In the next related example, the spirit of a little boy "emotionally attaches" himself to a female guest on one of Simply Paranormal's investigations, responding to her as a kind of surrogate mother. I collected this narrative from Liam Cupkovic, a twenty-seven-year-old Leicester native who is one of Simply Paranormal's most avid patrons. The Towers, which at the time of our interview he had investigated seven times, is one of Liam's favorite haunted locales. His interest in the hospital originates in part from the fact that his grandfather used to work there. Growing up he heard lots of legends about the hospital from both of his grandfather and grandmother. Liam identifies as a medium, and Simply Paranormal, which he aspires to work for someday, provides a way for him to develop his abilities. As a medium and as a frequent patron on paranormal investigations at the hospital, Liam—like Mike and Ramon—has special insight into many of the spirits' histories and personalities. Liam also shares with the two men an especially protective attitude toward victimized female and child spirits. In this particular investigation, Liam and the other members of the group attempt a new technique for communicating with spirits. It involves allowing a spirit to push you towards a wall in order to make their presence known.

> The lady next to me, she experienced that she couldn't move away from the wall. [Ramon] had to get the spirit out of this girl, because this child was emotionally attached to her, and she was actually crying and physically shaken as well. She doesn't remember anything of it . . . She was really, really affected . . . Eventually when it came out of her, she had to literally take a few minutes away to sort of get her bearings again. She was in so much shock . . . She was actually a skeptic at the time when she first came into the

investigation. But she left a believer, and that was fantastic to witness . . . I couldn't take my eyes off it. It was amazing, but also at the same time, she was very cold as well. The spirit was making her very, very cold. Her hands just froze, and she just couldn't, couldn't move . . . She was literally pushed up to the wall. Head was on the wall like that. Hands were on the wall. And then the spirit left her in that position because Ramon asked for the spirit to pull us back and the spirit really tugged on me and just literally pulled me like that. But her, it wouldn't pull back. It said to her that she wanted to stay, you know, I want to stay here, for some reason . . . She was just constant tears running down her face. Her eyes went really dark as well. It was really weird because she had blue eyes. But her eyes went really, really dark. It was really strange. And people couldn't believe what they were witnessing to be honest. I [have] never seen anything like that before.

Shannon: Could you see the spirit who was with her?

Liam: I could see the child from the back because it was like, her face, it was like pushing in the side. It was like looking into her face. And holding her there . . . She was like [facing] the wall . . . I was standing to the left and the spirit was looking from the left into her face . . . so I saw the back of the spirit but not the front . . . He was just gazing into her face. And she was constantly crying, so I don't know if he was sharing pain or something, but she was really, really affected . . . We found out that he [the child spirit] stayed with her all night. He wouldn't leave her side, but he wouldn't give us a name or anything . . . He tried to come through on the Ouija board, but he couldn't spell.

Shannon: So, he's quite young?

Liam: Yeah. He probably saw her as a mum figure or something. (personal interview, June 20, 2015)

In Liam's narrative, as in the preceding example, a child spirit identifies with one of Simply Paranormal's patrons, essentially invoking the woman to assume the emotional responsibility of motherhood. The ostensive (re)establishment of a mother-child bond causes intense emotional reactions from both the "mum figure" and the witnesses of this encounter. Unfortunately, I was not able to interview the women who manifested the mother and child spirits in these last two memorates, so I can only speculate about their feelings and interpretations. However, Liam theorizes that in the latter example the woman's crying and affectation are caused by the boy sharing his pain with her.

Similar to the emotional connection formed between the child ghost Michelle and her surrogate mother in the previous account, or the way in which Ramon takes on feelings of pregnancy, these encounters reflect gendered patterns in haunted asylum legendry. Namely, such patterns depict the ghosts of female mental patients and nurses, as well as the spirits of their children, as victims. In the examples thus far, ghost hunters at The Towers, no matter their gender, have primarily enacted and empathized with the female experience of mental illness and asylums. However, the experience of male madness plays an important role at abandoned hospitals like The Towers as well.

Madmen and Maniacal Doctors

In my conversations with Mike, Ramon, Liam, and countless others I have learned that the perceived vulnerability of the hospital's former occupants, especially that of victimized female patients, nurses, and children, plays a significant role in attracting people to the abandoned hospital, in inspiring empathy for its former occupants, and in provoking some to

heroic action. The Simply Paranormal mediums and the participants they lead on investigations at The Towers are not merely passive observers to the continued trauma these spirits are suffering. Rather, they are active participants in uncovering spirits' life stories, in ostensively empathizing and identifying with the spirits, and providing aid through spirit therapy or by helping some ghosts find freedom in the afterlife. In the same way that the spirits of The Towers have distinct experiences that are influenced by their own gender, ghost hunt participants are targeted in distinct and gendered ways as well. As you have seen in the previous section, performing the female experience of the asylum inspires protectiveness and pity. However, encountering and empathizing with male entities at The Towers involves fear and feelings of endangerment.

For example, Liam and others told me about a malevolent male entity sometimes referred to as Oliver. Oliver haunts the theater at The Towers, where in the hospital's heyday, patients would have observed or participated in amateur productions. Oliver is one of the best-known spirits of the hospital, and he tends to dominate visitors' experiences on or near the stage itself and in the dressing rooms below the stage. Oliver was a mentally ill patient and a serial rapist who, pretending to be a doctor, would lure his victims, all of whom were women, into a dressing room below the stage. While most of his victims were patients, Liam and several of Simply Paranormal's staff told me that there is the spirit of a nurse who says that she too was repeatedly raped by Oliver. In the excerpt below, Liam tells me about an encounter he had with Oliver and one of his victims.

> Liam: Under the stage, there was a chap [who] was very abusive towards women . . . [We encountered him] very briefly, but then we asked him to leave . . . He's actually afraid of all men. He's a bully to women but he wouldn't bully a man . . . He knows a man would

fight back. So, he thinks women are the weaker sex, but we try to, obviously, to tell him that everyone's equal and stuff like that.

Shannon: Was he a patient?

Liam: Yeah . . . [One] of the patients actually hung themselves in the stage area, because of how he treated her. The woman was very, very weak and very scared to come through, but eventually she stepped forward because we encouraged her. We said, you know, we're not here to harm you . . . And she actually said that she was raped by this man. She says that she was very scared and timid to come forward because there were men in the room. She thought that the same thing would happen again, so she was very sensitive towards us. But when she got going, she actually [said] . . . I'm not scared of all men, but what he did to me was barbaric. It was absolutely awful, and I don't wish anyone to go through that. She just wanted everyone to be safe and be away from him. She wasn't telling us to leave because she didn't want us there. She was telling us to leave for our own safety. But she was really happy to talk to us eventually…It just took a while for her to build confidence . . . [She hung herself] on the stage. They've got some ropes there. She decided to hang herself on the ropes, because she couldn't live anymore with the guilt, well no, not the guilt. It was more of a fear. She couldn't live with the fear anymore.

Shannon: I would imagine that after it happened, she was still encountering that person?

Liam: Yeah, yeah. Every time. She says every time she closed her eyes, she could see this man, you know, doing what happened. She says that she just couldn't live with it anymore. She thinks she had no choice . . . She was too scared . . . She said that if she

was here she would be physically shaking. She just couldn't bear it anymore, so she had to. She said she had no choice. She had to do it . . . We contacted her through the human pendulum, but I could actually see her as well. She was talking to me directly . . . She had long hair. She was quite tall. I'd say she was about 5'11 . . . And she had a proper English accent as well. You could understand it very clearly. I could see her the way I can see you right now . . . She was just put in there because she had a baby outside of marriage . . . She had a baby outside of marriage, so she was put in there for that reason . . . I asked her for the time period. She said it was early 1800s.

Shannon: Do you know much about the male spirit and why he was put there?

Liam: He felt he could pick on the vulnerable. Anyone that was vulnerable, he would try to attack. He would attack all different kinds of patients. It wouldn't just be like one or two. It'd be anyone that basically couldn't defend themselves. But it was only women. It wasn't men or anything. It was just women . . . He wouldn't give us a reason why [he was put in there]. He was very clammed up when a man spoke to him. He would sort of, "I don't want to talk to you. I want to carry on doing what I'm doing." He asked us to leave quite a few times as well because he was quite intimidated. (personal interview, June 20, 2015)

In this conversation, Liam describes the gender dynamic between Oliver, the woman he raped, and the male ghost hunters. In contrast to the memorates and legends of the previous section, which primarily involve a therapeutic engagement between ghost hunters and the asylum's spirits, this encounter is founded on fear, intimidation, and the potential for harm. According to Liam, Oliver is easily intimidated by other men, in this case the men in the ghost hunting group.

The ghost of Oliver's rape victim also feels uncomfortable because of the male ghost hunters, viewing them as potential assailants. The Simply Paranormal investigators are ostensibly the ones who possess the upper hand in this meeting. They are rehabilitators, attempting to correct Oliver's views towards women and help his victim "build confidence," while at the same time they are authoritative figures who intimidate the otherwise intimidating. In other instances, the power dynamic between ghost hunter and spirit entity is quite different, and it is the spirits of former male patients and doctors who command authority, directly threaten, and sometimes even harm, the hospital's living visitors.

Kirsty Allan, an employee of Simply Paranormal who originally hails from Scotland, has observed that many of the group's female patrons experience supernatural sexual harassment and even physical assault on investigations at The Towers. At the time of our interview, Kirsty had worked at the hospital once, during which time she led vigils in the theater. There she and the attending patrons also encountered the spirits of Oliver and his victims. Kirsty described what she and some of the participants experienced during the investigation in question:

> There was quite a lot of activity in the theatrical stage area where [the spirits] seemed to be quite naughty, if you will. And a lot of the women reported feeling like their collars were being tugged or the hem of their coats was being pulled. Another woman felt she was being poked in the back quite a lot. Someone else felt something on their ankles . . .
>
> It was quite a small stage with a wings area and it was in the far right-hand corner, so that would be stage right, downstage. The medium [Mike Perrin], prior to the guests being taken around, had said to me that there had been heard muttering in that corner, so I kept that in mind but didn't tell any of our guests. I just said to them that there is an area where there is activity that has been reported reliably from the medium, but I'm not going to tell

> you where. It's going to be up to you to do that. So, they used a different assortment of things. Some of them used dowsing rods. Some of them used a Ouija board. Some of them wandered around just quietly, just sort of in a kind of meditative state, and again very interestingly with each group there was always someone who went exactly into that corner and said it's here. There's something here. And their experiences varied again, it was like the feeling of being poked in the back, tugged at something, or whether it was cold in that particular corner, but they just felt very drawn to it . . .
>
> They very much thought that it was a patient and it was someone who would have been involved in the drama group and was playing with them really. There also seemed to be [quite a lot of male characters] coming through in general and they always seemed to sort of pick on the women participants. They all seemed to be, you know, touching their hair, poking their back, that kind of thing, touching their neck, and [being] a little bit of a menace. And that's quite a common theme, I seem to find, and I don't know if that's to do with vulnerability or if that's something Freudian . . . (personal interview, June 16, 2015)

Kirsty uses the term "vulnerable" in her tentative interpretation of why the theme of men accosting women at The Towers is so prevalent. Liam had also used this word when describing why Oliver assaulted his victims: "He felt he could pick on the vulnerable. Anyone that was vulnerable, he would try to attack." I have already shown that much of the ghost hunters' activities are attempts to ameliorate the suffering of the especially weak. Additionally, vulnerability, which tends to function alongside gender in these narratives, is a key factor in the dynamic that develops between the asylum's spirit residents and its living visitors. In these last two examples, both Kirsty and Liam depict the men in their respective ghost hunting groups as

immune to, and in some cases empowered by, the vulnerability of the women on these investigations and the asylum's spectral female residents.

After discussing her group's experiences *on* the stage, Kirsty goes on to describe similar occurrences in the area *beneath* the stage. She explains that this area, where the dressing rooms would have been, has "a very different sort of tone." In contrast to the "theatrical upstairs…[which] would be perhaps [livelier] and fun," the dressing rooms below the stage "down in the dark…[were] a bit more sinister."

> It was definitely more oppressive [under the stage]. The back changing room, people consistently said that they were not comfortable there. People consistently experienced it as being oppressive and that they weren't welcome in this particular changing room. The other two they seemed to be fine in, the third one in the back, nope. In particular, one woman was quite distressed and had to leave and go upstairs and she just couldn't get over how panicked she felt when she went in.
>
> A number of other people at different times throughout the night, again so they wouldn't have had conversation with each other, pretty much said the same thing. They were all experiencing that they were not welcome in this room. They felt like there was an atmosphere as though an argument had been had, and I have to say that I felt the same way about it. It really did feel like you just walked in on a massive argument…
>
> It's that one room. . . All the women basically were saying that they felt uncomfortable. Some of the men as well did so, but like I said, there were the women, there were quite a few of them who just wouldn't go in it and then the ones who did wouldn't stay in it

whereas some of the guys went in and they tried [contacting the spirits]. (personal interview June 16, 2015)

Kirsty goes on to explain that the men who did attempt to contact the spirits of The Mirror Room did so through an ancient activity called mirror scrying, which has roots in much older folk traditions, in which a person stares at their reflection in a mirror and watches as their face temporarily transforms into someone else's. One of Simply Paranormal's regulars was "shocked… to see himself from about three hundred years ago looking back at him." Kirsty informed me that the man described minute details about his/the spirit's visage in the mirror, though he did not acquire any information about the spirit's identity. Nevertheless, the man established contact with the ghost in a room where most others felt uncomfortable entering, and it is worth noting at this point that ostensively empathizing with the spirits of The Towers goes beyond a simple hero-victim dichotomy. Assuming the role of victimizer is common as well.

Figure 17. The Mirror Room. June 2015. Photo by author.

For example, during two separate vigils I observed, Oliver came through and inhabited a person during the human pendulum activity. Interestingly, but perhaps not surprisingly, both of Oliver's human hosts on the pendulum were women, reinforcing Liam's assessment that Oliver, and other spirits like him, are threatened by men and attempt to control those deemed to be especially vulnerable. In both cases, Oliver's presence was short-lived, as Simply Paranormal staff tends to discourage empathy with malevolent entities. Based on my observations, whenever such an entity attempts to speak through a patron, the mediums almost immediately ask the spirit to leave, sometimes even performing an impromptu exorcism. This enforces the notion that Simply Paranormal's primary motivations are to uncover and give voice to the victimized patients of the hospital and *not* to encourage potentially negative encounters, which are deemed harmful for the other spirits and/or the living guests.[3] Despite these well-meaning intentions, most of the encounters described thus far place the participants in damaging situations emotionally and even physically. Furthermore, as you have seen, women visitors to The Towers are the most susceptible to enacting the higher-risk roles of victim and victimizer.

In the narratives and observations presented here and in the previous section, gender unites with vulnerability in becoming an important aspect of supernatural experience at The Towers Hospital, and I would argue at abandoned mental asylums more generally. Encounters with the spirits of female victims and their male victimizers are prolific in mental asylum legendry. Explorations of women's experiences, through ostensive acts of empathy, tend to evoke feelings of protectiveness and acts of heroism among the asylum's supernatural tourists. In stark

[3] This attitude is not shared by every ghost hunting team. Members of Haunted Evenings, for example, tended toward provoking spirits into communication. In one example, one staff member pretended to be a patient lying prone on an operating table, while shouting for a doctor nicknamed Dr. Death, to come and perform a lobotomy or electroshock therapy on her. She goaded him angrily, posing confrontational questions to try and get him to communicate, shouting things like "Did you hurt your patients here? Did you torture them?"

contrast, exploring the experiences of male doctors or mentally ill patients provokes fear and even causes harm.

The Case of Amy, the Spirit of The Bloodroom

In this chapter's final example, I will examine the intersection of gender, vulnerability, and feelings of heroism in an encounter that the Simply Paranormal team and their patrons had with a spirit I will refer to as Amy. Amy haunts a room in the Towers known locally as the Blood Room. During my fieldwork in Leicester, I came across more legends and memorates about Amy than I did any other spirit, and her case exemplifies the patterns identified in this chapter. The most common version of her legend, which I collected from a security guard who frequently patrols The Towers, is summarized below.

Amy was wrongfully confined to the Towers Hospital when she was very young. Decades went by, and because she had lived at the asylum for so long, the doctors and nurses gave her a room of her own. One morning, a couple of orderlies came into Amy's room as usual with her breakfast. They also came that morning with the announcement that the Towers Hospital would be closing, and that all current patients would eventually be reintroduced back into the community. Upset by the news that she would be forced to move from the only home she had ever known, Amy grabbed her steaming mug of coffee and threw it at the orderlies who ran from the room in pain. While they were distracted Amy managed to smash a lightbulb and use the broken pieces to slit her wrists (or in some versions, she used broken pieces of the coffee cup). She was taken to the Leicester Royal Infirmary where she died two weeks later as the result of her wounds (personal conversation with Dave Haywood, June 2015).

On the overnight paranormal investigations that I attended with Haunted Evenings and Simply Paranormal, the lead investigators gave special attention to Amy's room. On the

preliminary "walk-around" tour of the building before the investigation started, both groups stopped to point out Amy's blood stain, a brownish-red splatter across the right-hand-side wall of her room. Too small to fit the forty to fifty individuals attending the overnight investigations, people took turns cramming into The Bloodroom to take photos of the stain and debate the veracity of the legend they had just been told. Of particular interest in these conversations was the likelihood that the brownish-red marks on the wall were actually blood. Like the corpse stain of Margaret Schilling, Amy's stain will not be scrubbed away, and like Margaret, Amy continues to fascinate and affect those who come to view the material embodiment of her narrative.

Figure 18. Amy's Blood Stain. June 2015. Photo by author.

Near the end of one overnight paranormal investigation with Simply Paranormal, all participants were given free time to explore the asylum and practice various ghost-hunting techniques on their own. I joined a group of eight people, including myself (four women and four men), in Amy's room where a Simply Paranormal staff member named Damon led the group in

"calling out" to her spirit. Calling out involves sitting in a small group and speaking to the spirit by asking questions and sharing any impressions or thoughts that enter your mind. This activity enables the participants to communicate with resident spirits and effectively build upon their life stories, which become part of the paranormal companies' constantly-evolving repertoire of legends.

The conversation that I'm about to explicate is a calling out session with Amy, the spirit of the Blood Room. Note that early on in the session, one woman compares the sensation she gets in the room with the way she felt earlier "downstairs in the theater." As previously discussed, many women who visit the theater have felt uneasy there, and some have reported being grabbed from behind or touched inappropriately by an unseen assailant. Similarly, in this calling out session, the women in the group feel physically affected.

Rachel: See I feel funny in here again, like I did downstairs in the theater. Not as strong, but there's that same similar . . .

Emma: Yeah, I'm a bit—I've got a bit of a nerve, nervous . . .

Rachel: Like butterflies in my chest, not as strong as before.

Emma: I just get the feeling that she wasn't meant to be here.

Damon: Brilliant. Carry on.

Emma: Like I don't know.

Emma: Like she was forced to come here. Do you think?

Emma: Wrongly accused.

Damon: It has been known, well I say has been known—

Emma: [Audible sigh.] You know, wrongly diagnosed I think.

Damon: Well, I don't want to really tell you the story yet.

Rachel: People were committed here though, weren't they? Not necessarily certifiably—

Damon: People were, so, again, so I'm told, a lot of stuff that is told about this place is word of mouth, because I never ever look into a place.

Richard: Was she pregnant when she came in here?

Damon: Yeah.

Rachel: How the hell did you get that?

Richard: Yeah. She was pregnant when she came in here.

Damon: She was pregnant while she was in this room.

Richard: Yeah.

Rachel: So, did she die pregnant or did she give birth?

Richard: She died pregnant. No, she died pregnant.

Damon: No, she gave birth.

Richard: Alright.

Damon: But she died not long after giving birth.

Rachel: Where was the baby taken?

Damon: Don't know.

Rachel: Did the baby survive?

Damon: We don't know. We've never got that far. [Rachel lets out an audible sigh]. There's only saying what she can tell us, because obviously . . .

Rachel: She doesn't know.

Damon: Yeah. [Nervous laughter].

Darren: There's a [?] in the room now, when you said that about the baby.

Richard: She wasn't married.

Damon: Do you know what guys? You are brilliant.

Richard: She wasn't married.

Damon: No. She wasn't.

Rachel: Did her family have her put here then?

Damon: Yeah, I think so.

Rachel: Because that's what, that used to happen, didn't it? [People talking at once].

Emma: Yeah, but it's like she wasn't meant to be here.

Darren: She was a Catholic. [Darren is interrupted, because everyone is excitedly talking at once.]

Damon: You know what . . . why would her family put her here?

Rachel: Because she was pregnant and unmarried. [Damon snaps fingers. People talking at once.]

Richard: Because she was Catholic.

Damon: Yeah. Nailed it.

Rachel: Unmarried. Pregnant. Shame on the family so they had her committed.

Damon: I can't believe you guys are nailing it straight away. She was put in here because she was pregnant, because she was pregnant. But she wasn't, she didn't have sex. I know this is recurring . . . [People talking at once].

Rachel: She was raped. From Oliver?

Damon: No, no, no, no, no, she was raped—

Emma: Family member.

Damon: Yup. Family member that just happened to work here.

Emma: Oh god.

Damon: So, basically yeah. A family member abused her. And knowing that that's—it's a very re-recurring [trips over the word]—uh, that word. But obviously we've had a lot of people that have been here. And it has been easy. It has been targets for people. It's very easy for that kind of stuff to happen to these targets.

Rachel: Was it her brother?

Damon: Yes.

Richard: I was going to say that.

Darren: And he was a doctor, wasn't he?

Damon: Yes…This place holds so much rape and murder and anger and just horrible, horrible things. And you can go to these different areas, but it's like, you listen to people who speak about this place. But because of what it was, so many people prayed on these patients, these people that couldn't defend themselves.

Emma: Her family won't have acknowledged she was raped, would they? Because it was her brother.

Damon: Yes. They denied her and she got put in here because of—

Rachel: And if he was a doctor.

Damon: Yup.

Rachel: He was the respectable one.

Damon: He was the pride of the family. They called her no, you're lying, this. And she lost it. She was adamant it was real. She fought and she fought and this is where she ended up.

Rachel: But it's only become recent hasn't it that you can't have a family member committed? They have to be sectioned.

Damon: Mm-hm.

Rachel: And from the doctor rather than—

Richard: They have to do harm to themselves or to other people.

Rachel: Yeah, you can't just have somebody sectioned like you used to be able to.

Emma: I feel like he used to grab her around the back of the neck and that she'd have bruises.

Damon: That's brilliant.

Emma: And handprints—

Damon: You guys have been an actual honor tonight.

Emma: And handprints around the back of the neck. And it'd always be sort of the right hand that he'd grab her with.

Darren: You know, this room has gone very dark now. Whatever you're talking about, it's upsetting something.

Damon: It's not upsetting mate. It's bringing it forward.

Emma: Yeah, it's always the right hand, because of where the fingerprints were and the palm print.[4]

This calling out session continues for some time. Later, it is not only the women in the group who are physically affected. The four men become uncomfortably hot—one states, "It is like a sauna in here." Meanwhile the majority of women report feeling cold. At one point, Damon asks the women to take over the session. He states, "I'm going to leave it to you females

[4] While Damon, Liam, Darren, and Rachel gave me express permission to use their names, the others did not. As such, I have used pseudonyms for all the other participants in this group to protect their privacy.

if you don't mind. Nothing sexist but she has been known to communicate better with women . . . she's scared of men, [obviously because of] what happened to her." Eventually, the group decides to try the human pendulum with only the women actively participating—the goal in excluding men being to help Amy feel more comfortable and consequently to be able to build up her energy.

Before the human pendulum activity commenced, Damon turned to me privately and said, I have a feeling that Amy will chose you to communicate through. Amy almost always, Damon went on, chooses women around your size and age, presumably because she wants to speak through someone who bears a resemblance to her when she was alive. In the end, I did not become the human pendulum in this activity. It was Emma who stepped forward and the group communicated with Amy through her for some time, developing a deeper understanding of who Amy was as a person and what she went through in the asylum. The culmination of the session was the discovery of Amy's name. Previously, Damon excitedly explained, the staff of Simply Paranormal did not know what to call her and this session was "the first time [that she had] accepted her name."

Throughout this interaction with Amy, it is apparent that the individuals participating feel concern and pity for Amy. The tone of the conversation is one of excitement at the information being discovered, yet also disgust at what happened to her. Additionally, there is a sense of accomplishment, especially from Damon's point of view, as he feels that he is bringing to light new details about Amy and what she experienced at the asylum. He is the facilitator throughout the experience, not directly taking part in the activities, but helping the guests navigate the encounter, filling in gaps about Amy's history that he knows about from other investigations, and instructing the others on the best possible way to secure Amy's trust. His reaction to Darren's

statement that the investigators are *not* "upsetting something;" rather, they are "bringing it forward," shows that, at least from Damon's point of view, the group is exposing some of the asylum's previously unacknowledged wrongs. Further, doing so has primarily beneficial and positive outcomes, which alleviate as opposed to exacerbate the pain and loneliness that spirits like Amy continue to feel.

For example, following the activity above, the ghost hunting team tried to elicit more information from Amy, this time through the use of a Ouija board. Again, the men excluded themselves from participating in the activity directly in order to make Amy more comfortable. Instead, the men sat around the outside, occasionally chiming in with questions or comments. As everyone waited patiently for Amy to come forward again and communicate through the board, the group tried to console and soothe the traumatized spirit. Liam gently coaxed her by saying, "Come forward. Don't be shy. We're not here to harm you. We just want to know a bit about you…We understand your pain and suffering." One of the women said, "We're sorry for what happened to you," while another stated, "Nobody's here to hurt you . . . It wasn't your fault. Your brother was a bad man." Darren made a contribution in appeasing Amy's sorrow by telling her, "Amy you didn't bring shame on your family. You know, that's an old Catholic ideology that no longer exists in today's society. Do you understand that?" Damon chimed in with "Tell these ladies what happened to you. Tell them about what happened to you. Please come forward. Build your energy. Feed off each person on the glass. They're more than happy for you to do this."

The directive for Amy to "feed off" the living paranormal investigators and to "use [their] energy," which was uttered many times during this and other investigations I attended, is based on the belief that spirits require high amounts of energy in order to communicate. However, many are weak and thus require the energy from living beings to be able to make themselves

known (e.g., inhabit a person during the human pendulum or make the planchette of a Ouija board move and spell out words). In other words, the offer of "use our energy" commonly uttered by these and other ghost hunters becomes a way of expressing, *we know you're too weak to do this on your own, so let us help you find the strength to tell your story.*

In their conversation with Amy—Rachel, Katrina, Emma, Damon, Darren, Liam, and Richard enact the informal tenet of this ghost hunting group that "a pain shared is a pain halved" (Ramon's words). These curious visitors to The Towers Hospital assume the roles of heroic justice-seekers and supernatural therapists, if you will, determined to uncover and compensate for past wrongs suffered by The Towers's former patients, such as Amy. Gender becomes instrumental to this process, greatly influencing the levels of communication and empathy that members of the ghost hunting group are able to experience. Here, women experience a more intimate connection to the spirit of Amy because of their similarity to the victim. This is not unlike previous examples, in which malevolent male spirit entities target female ghost hunters because of their gender, abusing and harassing them as they abused and harassed women who were patients and nurses at the asylum in the past.

Though Amy is one of the many stereotypically weak, vulnerable, and victimized mental patients said to haunt abandoned psychiatric asylums, Amy has an active as opposed to passive role in these encounters. That she performs her own story through the ostensive activities of the group serves to de-fossilize the legend of The Bloodroom. Through empathetic ostension, Amy has a voice. She finally has a name and is, at least in this context, no longer the weak, ultimately passive mental patient hidden away in a mental asylum of legend. It should be noted that Amy is not the only one who benefits from this experience. Amy's visitors provide aid to her by listening to her tell her story and by comforting her, but she (and many of the other spirits haunting

asylums) also does something for them in return, namely she becomes an educator about mental illness and the lived experiences of asylums. Furthermore, this encounter with Amy, and supernatural tourism at The Towers and other abandoned psychiatric institutions more generally, facilitates a dialogic investigation and evaluation of what mental illness is and what happened to those housed at these now discarded monuments to a philanthropic but failed system for mental healthcare.

One example of this presented in the transcript above is when Rachel, in reaction to Amy's emerging life history, reflects on the psychiatric healthcare policies of an earlier era, which involved a much less stringent system of checks and balances for committing a person to an asylum. Before the vigil in question, I spoke with Rachel about why she chose to attend Simply Paranormal's investigation. Rachel told me that she had two main reasons for attending. First, she and her partner Darren, who identifies as a sensitive, have a general interest in paranormal activity and often attend ghost hunts like the one at The Towers as a hobby. Secondly, Rachel is a psychiatric nurse and explained that she wanted to come to The Towers more so than other haunted locales in order to educate herself and experience first-hand what psychiatric healthcare was like in an earlier time. In other words, Rachel's visit to the abandoned institution was educational for her, a kind of professional development.

Rachel was not the only person who expressed to me that a major motivation in deciding to ghost hunt at an abandoned psychiatric institution—as opposed to a haunted house, inn, jail, or castle, to name a few of the other available examples—was to educate themselves on what life was like at mental asylums. Ghost hunting at The Towers stimulates people to not only look back at the history of asylums but to critically reflect on the present and future of mental healthcare as well. For example, Madi Arnott, a 19-year-old woman who works at a pub in Leicester, and who

attended a ghost hunt at the Towers with her mother, commented that her experience caused her to "reflect on how little people's [views] on mental health has changed." According to Madi, "I mean, people have treated mentally ill people a lot better. People do think of it as an illness now, but people's attitudes towards it, in my eyes, haven't really changed." There is a sense that, well, the landscape may have change, but have we really come that far?

Gendering the Experience of Madness

These narratives, which depict the countless number of abused and wrongfully confined women of asylums, provokes critical conversations and an advocacy-driven intentionality regarding the ever-present gender disparity in the treatment, diagnosis, and help-seeking behavior of mental illness.

According to a recent study that compiled data from the United States, United Kingdom, Europe, Australia, and New Zealand, women today are approximately 40% more likely than men to develop a mental illness (Young 2015). This gender disparity has existed historically as well. Nineteenth-century women could be diagnosed with insanity and committed to asylums by a male family member for the following: "suppressed menses," "overexertion," "mental excitement," "nymphomania," "childbirth," "abortion," or "religious matters," to name just a few examples (Pouba and Tianen 2006). While many of these "female disorders" have since lost validity, documented cases of women and girls being wrongfully confined in mental institutions for reasons like teenage pregnancy or to cover up cases of domestic violence, for example, persisted well into the late twentieth century (Ussher 2011).

Feminist critics point to a longstanding gender bias present in the psychiatric profession, arguing that higher rates of mental illness among women is *not* because females are inherently

more predisposed; rather, the trend, they argue, is the result of a medical system that acts to regulate and oppress women by pathologizing the female experience (Ussher 2011).

This bias has far-reaching effects for both women and men. Research suggests, for example, that mental illness frequently goes untreated in men because of its associated stigma (National Institute of Mental Health). On the flip side, mental illness in women is often trivialized, as a 2016 article entitled "5 Reasons Women Fake Mental Illness" published in a blog "for heterosexual, masculine men" will attest.

Not only have women outnumbered men in being diagnosed with a mental illness, but in the context of psychiatric treatment, women are also more likely to be subjected to long-term hospitalization, physical restraints, psychotropic drug treatments, invasive brain surgeries (e.g., lobotomies) and therapies (e.g., electro-convulsive therapy) (Ussher 2011). Additionally, incidents of sexual abuse and rape of female mental patients by male caretakers, as well as male patients, are extremely high in psychiatric institutions. Several recent studies estimate that approximately 50% of female patients have been sexually abused or raped while receiving treatment at a mental hospital (Milligan 2013). So, despite the end of the era of asylums, many of the same problems remain.

Gendered patterns present in asylum legend motifs and in the informal folk histories of deinstitutionalized communities are reflective of this context. Jeannie Banks Thomas (2007), in her explication of how gender plays a significant role in some ghost lore, argues that supernatural legends often "replicate ideas about gender and gendered behavior that exist in contemporary culture" (82–83). Thomas describes three distinct patterns commonly found in ghost narratives: The Extreme Guy, The Deviant Femme, and the Genderless Presence. The Extreme Guy "exaggerates many of the characteristics most stereotypically associated with masculinity, such

as toughness and violence" (82). He is an "aggressor," a "violent abuser," and a "sexual predator" (85–87). Inversely, The Deviant Femme is the inverse of normative femininity. She exemplifies "rage, violence, mental illness, and eccentricity" (82) and though she is the victim of male violence, she often becomes a potential villain herself, often "[hurting] others in extreme and dramatic ways" (86–87). Finally, The Genderless Presence is "a type of ghost that has no apparent spectral embodiment or gender of any sort." Unlike the Deviant Femme and Extreme Guy, this manifestation does not "mirror realities found in the world around us" (110). As Thomas emphasizes, these are "[not] the *only* patterns in ghost stories" (82), and while the spectral figures described in this chapter do not cleanly fit into Thomas's categories, they are nevertheless useful starting points for examining the role of gender in haunted asylum legendry.

In haunted asylum lore, most of the males depicted encapsulate the hyper-masculinity of Thomas's Extreme Guy type and tend to fall into the following categories: 1) caretakers who work at the asylum, such as doctors, orderlies, and security guards, or 2) patients. Whether dictatorial doctors or predatory patients, the Extreme Guys of asylum lore are violent, dangerous, intimidating, domineering, and territorial. Amy's brother who was coincidentally a doctor at The Towers; the nameless patient who stalked the little girl he had repeatedly assaulted; or Oliver, who lured his victims underneath the stage by pretending he was a doctor, are just a few examples, but there are many others.

For instance, Mike told me that one of the most dangerous spirits haunting The Towers calls himself Jacob. Jacob is attention-seeking, disruptive, and easily angered. He can become violent and quite territorial, especially when Simply Paranormal investigators are successfully communicating with other spirits in his ward on the ground floor. In these cases, he will intimidate ghost hunters and other spirits alike during otherwise pleasant sessions. Mike has had

several troubling encounters with Jacob, including a session where Jacob was stalking the spirit of a young boy. When Mike, Liam, Darren, and other sensitives present tried to convince him to leave the boy alone, Jacob possessed one of the female participants in retaliation and Mike had to perform an impromptu exorcism to get the spirit of Jacob to leave the woman alone. Another time, Mike says, "[Jacob] actually came out and hit me. I can't say hit me, wrong wording, he went bang, straight into me, and totally affected me [and] made his presence felt…instead of shown."

In other words, Jacob forced Mike to emphasize with him so strongly that it took Mike a couple of days to recover physically and emotionally. According to Mike, Jacob "seems to have a split personality" and is like Oliver in that he is probably a patient but often pretends that he is a staff member. Mike, however, believes that he "is a bit more demonic than the normal" and "is not of this world." When I asked Mike to expand on this idea, he said that his theory is that demons like Jacob are present at places with dark histories like The Towers "because [of] everything that went on there, the cruelty, the nastiness, the abuse." Jacob was not the only spirit entity I heard referred to as "demonic" and "not of this world." In fact, during my fieldwork I observed that most haunted asylum narrative traditions possessed at least one resident demonic entity, and it was almost always described as male, or less commonly, genderless.

While Jacob was, according to Mike, most likely a patient, the resident demonic presence at other asylums tended to be a more authoritative figure, namely a doctor. The staff of the ghost hunting group Haunted Evenings, for example, frequently referenced an entity their staff referred to as Dr. Death. Trina, a Haunted Evenings employee, described him as a "horrible doctor" who abused and experimented on his patients and also subjected them to cruel therapies.

Other mad doctors of asylum legend tradition include the infamous Dr. Cotton whose ghost, along with the ghosts of his victims are seen at the Trenton Psychiatric Institution in Trenton and Ewing, New Jersey. Dr. Cotton, who lived from 1876 to 1933, was a psychiatrist and, for a time, the medical director of Trenton Psychiatric. He believed that mental illness was caused by physical infections of the body, and his treatments included the surgical removal of certain organs, teeth, and other body parts, which resulted in a high rate of death or morbidity among his patients (Rice 2015). There is also the Mad Doctor of the PennHurst Haunted Asylum, which you will read more about in the next chapter.

Exhibiting the stereotypically masculine traits of aggression, domination, and violence, these madmen of haunted asylum legendry personify Thomas's Extreme Guy. Yet, while Thomas's framework applies to contemporary legends in a general sense, Diane Goldstein (2015) specifically analyzes gender in the context of mental health legends, arguing that "portrayals of mental illness in legend are gendered." According to Goldstein, men are the active, violent aggressors in mental health legends. They are commonly depicted, she goes on, "as psychopathic killers and as deviant minds coded on deviant bodies . . . the highly visible, monstrously observable insane—who wear, in some sense, the mark of the devil" (163). Other studies of madmen in contemporary legend provide supporting evidence for Goldstein's argument (Haring and Breslerman 1977; Goss 1990; Winick 1992; Ellis 1994; and Wilson 1998), as they consider such figures as intrinsically barbaric, emotive, murderous, and maniacal.

At first glance, the madmen and doctors of haunted asylum legend tradition seem markedly distinct from "the highly visible, monstrously observable insane" madmen that Goldstein and other scholars have described, at least in their bodily appearance. The white coat of the doctor, which becomes significant in the theatrical presentation of the asylum in chapter

five, does make the mad doctor highly visible albeit in a distinctive way. We learn from the descriptions of Amy's attacker (her brother–doctor), Oliver, Jacob, and others discussed here that these vicious perpetrators of rape and violence appeared to their victims as sane as one might assume (and hope) the caretakers of a mental asylum to be. If there is a mark of the devil on these men, it is that they look and sometimes behave just like anyone else, and any distinguishing visual characteristics, such as the doctor's lab coat, reinforce their authority. They are extra terrifying figures in asylum legendry because of their ability to appear "normal." Even in ostensive encounters with the madmen of The Towers, there were times when one of these dark entities surreptitiously inhabited the human pendulum or communicated via the Ouija Board, pretending to be someone else before a Simply Paranormal medium closed down the activity and refused to encourage the visitation.

There are other noteworthy distinctions specific to the Extreme Guys of the haunted asylum narrative tradition as well. While the typical madman of contemporary legend is too unstable to hide or control his insanity, the madman of haunted asylum tradition is extremely intelligent and cunning, his madness often carefully disguised or questionable. His presence provokes the question, is this mental illness or is this evil, as Mike evinced when he referred to Jacob as demonic.

Yet another significant distinction, which sets apart the madman of the haunted asylum, is that he does not murder or even threaten to kill his victims like so many other madmen of contemporary legend. Rather, he often drives his female victims to murder themselves, but not before they are driven insane by the physical and mental torments that result from rape, invasive psychiatric treatments, and wrongful incarceration. The "insanity coda," which Goldstein defines

as when the female protagonist of a mental health legend "goes spontaneously, quietly, and completely mad" (Goldstein 2015, 159) is widespread in the ghost lore of haunted asylums.

That the insanity coda is particular to women in these legends is significant. In her seminal work *Women and Madness* (2005) Phyllis Chesler theorizes, "Perhaps what we consider 'madness,' whether it appears in women or in men, is either the acting out of the devalued female role or the total or partial rejection of one's sex-role stereotype" (116). Ussher (2011) argues that "women are at risk of being deemed mad for simply being 'woman'—for displaying archetypal feminine traits, or . . . for rejecting their feminine role" (65). In other words, insanity "maintains the boundaries of normative femininity" (73). In the narratives presented in this chapter, we see that women do not conform to notions of normative femininity, but neither are they allowed to. The unwed pregnant mother, either as nurse or patient, is unsuccessful in the roles expected of her—wife and mother. In the latter case, the distraught woman either aborts the baby when she kills herself or gives birth only to have the baby taken from her. Like Thomas's Deviant Femme, the female companion to The Extreme Guy, the madwoman of the asylum "is the antithesis of the traits traditionally associated with femininity" (Thomas 2007, 82). She is unwanted as a wife and a failed—often indirectly murderous—mother.

Nevertheless, women in haunted asylum legendry do convey stereotypical notions of female madness. Goldstein observes that, in contrast to the "super-visible" madmen of mental health legends, the women of such narratives "are not made visible, but rather they become invisible . . . carted away [and] banished to asylums" (2015, 163). However, whether through the eradicable imprint of a body (as in Margaret's case), Amy's bloodstain, the stereotypical image of a woman with matted hair and vacant eyes in a straightjacket we might encounter on Halloween (and I am foreshadowing the next chapter here), or the memories of long-deceased asylum

patients uttered by a living paranormal investigator, something of these women remain. Their life stories and lived experiences are imprinted, so to speak, on the physical ruins of asylums, in touristic and popular representations of the mentally ill, and in the living memory of asylum communities.

Not only that but in the narratives analyzed above, the all-but-forgotten women's experiences of mental asylums are memorialized. Further, legend telling and ostensive activities at asylums like The Towers have become educational entries for contemporary women and men to learn about a controversial era in the history of psychiatry and to also voice their concerns about the present state of mental healthcare.

I will conclude this chapter in the same way that I began, with Margaret Schilling. In an article about the legend of Margaret's corpse stain published in *Jezebel*—a blog geared specifically toward women—writer Alison Stine (2016) states:

> Ward 20 [where Margaret died], like it or not, is an accidental memorial. To raze that building, to destroy the stain, would be to deny whatever happened to Margaret Shilling—and the negligence and stigma that allowed her to be lost in the first place. I have always been drawn to Shilling because of one of the rumors about her . . . What drew me in was her rumored deafness. I am deaf . . . The deaf filled many asylums . . . (as did "shellshock" veterans and women with what we now call postpartum depression). In a different time, with a different family, would I have been sent to an asylum? . . . Here's what I know, what I know for sure: You don't need to see the stain in the attic ward. You don't need to touch it. If you want to feel something, don't even bother going up the old hospital steps. Turn to the back of the campus. Stay on the grounds. Go to the graveyards. There are five cemeteries holding the graves of hundreds of people who died in the

> asylum, most identified only by numbers. If you want to feel afraid, feel sadness for those lives, those lost lives: people whose deaths weren't investigated, who don't get newspaper articles written about them, or tours led to them, or stories (even lies) told about them . . . These are the people who were left. People who spent their whole lives in an asylum. People who were misunderstood and sometimes, misdiagnosed. If you want to touch something, touch one of their numbers. Leave flowers, light candles for them, the ones nobody came back for, the ones no one will claim. (Stine 2016)

In this poignant homage to Margaret, Stine reiterates many of the perspectives discussed throughout this chapter. Like so many of the curious ghost hunters who shared their experiences at The Towers with me, the writer here identifies with Margaret and hopes to bring to light what happened to the stigmatized, and frequently neglected and misdiagnosed mentally ill patients of asylums. She criticizes the mental healthcare system, which allowed Margaret and others like her to slip through the cracks; and, like the passionate members of Simply Paranormal, Stine concludes with a call for activism, "Leave flowers, light candles for them." In other words, Stine and the individuals whose perspectives I shared with you throughout this chapter, ask others to continue to remember and memorialize the long-gone patients of asylums.

Chapter V

"Shit Runs Down Hill" from the Asylum:
Cursed, Contagious Places and Categories for Defining a Social Epidemic

"The Patient Who Had a Special Friend"

Indiana-native Nicole Kobrowski and her husband Michael, who originally hails from Germany, are the co-founders and owners of Historic Indiana Ghost Walks & Tours and Unseen Press, Inc. Their tours feature the supernatural legends of Indiana, in particular those of central Indiana. Through their press, they publish books on local Hoosier folklore and history.

When I met with the couple in the summer of 2014, Nicole, or Nici, described herself and her husband as "history buffs." She went on to explain that when they began researching legendary locations to feature on their tours, Indiana's Central State Hospital in Indianapolis, which operated from 1848 to 1994, was an obvious choice. Not only did the asylum become a highlight of the couple's tours before most of its extant buildings were demolished, but over time Nici became so engrossed by the hospital's history that she was inspired to write *Fractured Intentions: A History of Central State Hospital for the Insane* (2014). Her goal in doing so, as she writes in the book's prologue, was "to contribute to changing the perception about what the hospital was"; "to correct some foolish myths"; to give people "a better understanding of Central State Hospital, mental health, and how mental healthcare has progressed over the last 250 years"; and to encourage people to think about the future of mental healthcare (Kobrowski 2014, prologue).

When I asked Nici why she initially became interested in Central State Hospital, she stated, "First of all it's the history" and also "it's the whole idea that it's this big campus full of old abandoned buildings, and who doesn't like an old abandoned building? It lends kind of a mystique to it, and the fact that it was a hospital. And people always think of hospitals as surgical

procedures being done, and drugs, and the care of patients, or the not care of patients. That was the whole mystique when I first got into it" (personal interview, August 16, 2014).

Nici can trace her fascination with the "mystique" of abandoned mental hospitals all the way back to her childhood. She told me, "When I was growing up in Anderson, [Indiana], my mom always said if we didn't behave she was going to send us to Logansport, [Indiana], and in Logansport they have another mental hospital there, and so when we…started re-exploring [haunted places], Central State was one of the first ones that came up. I was attracted to it because with everything that went on there, the good, bad, and ugly, there has to be some vibration or some leftovers from that time period and those people" (personal interview, August 16, 2014).

Nici's and her husband's interest in the mystique of asylums; their belief that the hospital's history has left a permanent imprint on the land where it stood ("some vibration or some leftovers," as Nici calls it); and their concerns regarding the evolution and future of mental healthcare are interconnected. During our conversation, the couple frequently framed examples of the asylum's legends with discussions of its history, as in the following example, which Michael narrated for me.

> Nici: [To Michael] Do you want to tell her the story about the patient who had a special friend? . . . Tell the story. It's a good story.
>
> Michael: It's not unusual. A lot of patients occasionally went missing and some came back later. Some didn't. And one was missing and didn't return, and about three months after he went missing, a new patient came into the hospital—a woman. And she wandered around a little bit too and was found in the basement a couple times and brought back up. And they asked her, "Why do you keep going down there in the

basement?" And she told them, "Well, my friend—[to Nici] what was his name? Was it Billy? No.

Nici: No. We'll get you the name.

Michael. My friend is down there, and I talk to him . . . but she kept going down there, so they went with her one time to see where she's going and where her friend is that she talks to. And it was like in a vent or like in an opening, and when they opened it up there was a skeleton there, or a dead person that was mummified or starting to get mummified. But they recognized him as the guy that was missing for six months, and she knew his name, but she had come—

Nici: She had come after [he had disappeared] . . . Now, it kind of follows—that whole story . . . Central State, even at the time of closing, there were a lot of patients who went AWOL . . . It used to be called elopement . . . And they would just disappear. And sometimes they would be able to find them and bring them back, and then there were other times when they had no choice but just to say they're discharged unimproved, because they're gone. And they're no longer part of this hospital. But even in the sixties, seventies, and eighties, these people would disappear and leave. They would, you know, sometimes try to get them to come back, but security was very lax honestly . . . If they weren't in a locked ward in the sixties, seventies, and eighties, instead of being forced to stay in their buildings, they were allowed out on the grounds as long as they met certain criteria . . . and not all of them were attended by a nurse or an orderly or something like that . . . and then some of them would wander away, and they wouldn't know about it for days and days because it was lax. (personal interview, August 16, 2014)

Michael and Nici could not recall where they had first heard this legend. I was able to locate variants online and in the third installation of the *Haunted Indiana* ghost stories collection by Mark Merrimen (2001). Merrimen, who includes an entire chapter on Central State, collected the tale from a psychiatric nurse named Sandra Torreson. According to Merrimen, Torreson worked at Central State from 1986 to the hospital's closure in 1994, and she heard the narrative from a couple of older nurses who had worked there longer than she had. According to Nurse Torreson, the central figure of the narrative—who, Torreson emphasizes, had no previous knowledge of the missing patient—is called Agnes, and her ghostly friend's name is Alvin (Merrimen 2001, 81–83).

Drawing from her knowledge of Central State's history, Nici contextualizes the legend within the era of deinstitutionalization. She points to the asylum's consequent "lax security" as the reason for why patients like Alvin and Agnes were allowed to roam unsupervised. In this way, the legend of "The Patient Who Had a Special Friend" is reminiscent of the Margaret Schilling legend presented in the previous chapter. Like Alvin, Margaret "eloped" and died, at least in part, because hospital staff did not know and/or care about her whereabouts. The patients vanished, on one level, once they were confined to the institutional system, but they vanished on an even deeper level when they disappeared from the sights and minds of their supposed caretakers. The length of time it takes to discover the patients' bodies further emphasizes the neglect of the two patients; Alvin's corpse was missing for so long that it was in a state of mummification, while Margaret's had decayed to the point that it left a permanent stain upon the floor.

Both the Schilling legend and "The Patient Who Had a Special Friend" feature motifs of imprisonment; disappearance in plain sight, as it were; a loss of the patient's self and agency; the

potential infiltration of escaped patients into the community (when Margaret and Alvin cannot be found this is presented as a plausible explanation); and, related to the previous, the idea that mental illness and places associated with mental illness are contagious, often dangerously so. As previously mentioned, those who stand on Margaret Schilling's corpse stain are sometimes driven mad, later to commit suicide, as a result, and Agnes's repetition of Alvin's actions puts in mind her potential to vanish and die in isolation as well.

The memorate that opened chapter three echoes the theme of contagion as well. When Laurie stared out from a barred window down into the courtyard of the former Camarillo State Asylum, she became infected, so to speak, by the state of mind of those who inhabited the space before her. In this sense, a vibration or a leftover (to use Nici's words again) of the experiences of Margaret, Alvin and Angus, and the patients of Camarillo State reverberates in the physical structure and ultimately on the land where it occurred.

The wrongfully confined, depicted in the narratives of chapters three and four, are also victims of a contagious madness. They enter the asylum sane, confined not for a diseased mind but for a transgressive act (e.g., becoming pregnant outside of marriage), and are eventually driven insane as a result of their institutional confinement. The mental institution then, in haunted asylum legendry, is an infective vessel that contains and cultivates, or if the vessel is destroyed—as you will see in this chapter—spreads and propagates madness. Whereas the theme of empathy discussed in chapter three evinces a desire to share, understand, and ameliorate the trauma of mental illness, the theme of contagion evinces a fear that leads to stigmatizing, othering, and condemning it.

Related to vernacular explanations for how mental illness is spread (e.g., it's catching), haunted asylum narratives also provoke questions about what exactly is at the root of this

transmissible suffering. Is it mental illness or is it something else? Unlike many of the narratives discussed in previous chapters, the emphasis in "The Patient Who Had a Special Friend" is not on Agnes's vulnerability or lack thereof. In other words, she does not fit into the wrongfully confined unwed-mother rape-victim or murderous-madmen tale types of chapters three and four. Rather, her most significant characteristic is that she sees and hears things that others around her cannot, namely she communicates with the spirit of a deceased patient, leaving those hearing the tale to wonder: Are Agnes's actions a result of hallucinations symptomatic of a mental illness or, alternatively, are her actions indicative of an ability that enables her to communicate with the spirits of the dead? Calling into question the boundary between mental illness and supernatural experience, this provocative motif and similar motifs in narratives depict psychiatric institutions and patients as under the influence of occult forces or otherworldly phenomena. Such motifs underpin many haunted asylum narratives and connect to larger debates regarding the definition of, and appropriate treatments for, mental illness.

For the duration of this chapter, I will elaborate on some of the most salient vernacular explanations, definitions, and categories for mental illness that are expressed through haunted asylum legend, memorate, and belief. As a case study, I will consider the Pennhurst State School and Hospital in Spring City, Pennsylvania. As you will see, narratives about Pennhurst exhibit the same frequently-gendered-themes discussed in previous chapters: fear and stigma; trauma, vulnerability, and empathy; the desire to access an inaccessible place; to highlight a few examples. These themes will provide an important foundation for the focus of the present chapter, as I show how haunted asylum legends and tourism provide a means for publics to collectively engage in a dynamic process of (re)living asylums in order to discursively negotiate what mental illness is, how mental illness is caused, and how it should be treated.

"The Shame of Pennsylvania[1]"

The former Pennhurst State School and Hospital in Spring City, Pennsylvania, has been the subject of controversy both in its past and present incarnations. Pennhurst opened in 1908 as the Eastern State Institution for the Feeble-Minded and Epileptic, feeble-minded being an antiquated term referring to individuals with developmental and intellectual disabilities. While some, including Pennhurst's first superintendent, were vehemently opposed to housing epileptics together with the disabled given the vast differences in the nature of and required treatments for these distinct disorders, others saw Pennhurst as the ideal dumping ground for society's unwanted. Against a backdrop of America's rising interest in eugenics[2] in the late nineteenth and early twentieth centuries, the asylum faced pressure to also admit orphans, criminals, immigrants, the mentally ill, and others who were considered a threat to a "pure" gene pool (Pennhurst Memorial & Preservation Alliance). Eventually, Pennhurst's administration clarified its mission and scope of treatment to consist predominantly of the intellectually and physically disabled, the majority of whom were children. However, this did not assuage the severe overcrowding that plagued the institution from the beginning, nor did it diminish the facility's inclination toward eugenic ideals.

By 1916, Pennhurst's Board of Trustees had decided to expand the asylum by more than double with the addition of a separate female campus. The sexes were segregated in order to prevent pregnancies. The asylum's expansion was seen as especially important to eugenicist aims

[1] As a result of its notoriety, Pennhurst has been referred to as "The Shame of Pennsylvania" by various newspapers, including *The Pottstown Mercury*.

[2] In the years leading up to World War II, the United States joined Germany in establishing "state-authorized eugenic sterilization programs" (Sofair and Kaldfian 2016). The purpose of these programs was to prevent individuals with "undesirable heritable characteristics," mental illness being one, from procreating (312). In the U.S. the movement was motivated by rising trust in "scientific management" and "economic instability" (314). Sofair and Kaldfian (2016) argue that "public unease, judicial review, and critical scrutiny by the medical profession" eventually caused the movement to weaken (319).

in that it would further ensure the separation of those deemed genetically inferior from the general public, while at the same time keep up with the ever-increasing number of applications for committal (Pennhurst Memorial & Preservation Alliance).

The following excerpt from the 1918 Biennial Report to the Legislature, in which Pennhurst's Chief Physician quotes well-known eugenicist Dr. Henry H. Goddard, is an illustration of the ideologies underpinning Pennhurst's expansion:

> Every feeble-minded person is a potential criminal. The general public, although more convinced today than ever before that it is a good thing to segregate the idiot or the distinct imbecile, they have not as yet been convinced as to the proper treatment of the defective delinquent, which is the brighter and more dangerous individual. It is now generally understood that feeble-mindedness is in the great majority of instances the direct result of hereditary transmission of mental defect. It is also known that the feeble-minded female is very likely to bear children and that these children are almost certain to be defective or in some way permanently dependent. The feeble-minded girl is more of a menace to society than the feeble-minded boy. Statistics show that feeble-minded girls and boys marry in the ratio of three to one. It would seem, therefore, that if the State is not adequately equipped to care for all of the feeble-minded, the feeble-minded girl should have institutional care in preference to the boy, since she is the greater menace. (Pennhurst Memorial & Preservation Alliance)

Though the eugenics movement in the United States eventually declined following the exposure of its role as part of Hitler's Nazi regime in World War II, the movement's influence on Pennhurst in the asylum's early days has not been forgotten (Pennhurst Memorial & Preservation Alliance). As you will see, reminders of the perceived criminality of the mentally and physically

disabled, along with the hereditary and reproductive dangers of transmitting "feeble-mindedness" resound in Pennhurst's contemporary legendry.

Despite additions added in 1919, 1921, and 1930, the asylum's population was quickly growing out of control, eventually peaking at 3,500 in 1955. To offset the population growth, two offsite annexes were added that allowed the population to reach 4,100 (Pennhurst Memorial & Preservation Alliance). The overcrowding, combined with reports of abuse and mistreatment at the asylum led to persistent negative publicity, the most famous example of which is the 1968 television exposé "Suffer the Little Children."

Spearheaded by journalist Bill Baldini, this five-part documentary, which was broadcast on NBC10–Philadephia, exposed "the horrible and almost inhumane conditions" at the asylum, to use the journalist's own words. Baldini goes on, "The children, as they are all called, who are rotting in their cages, cribs, and beds can thank society for their dreadful plight. We have forsaken them, not in the sense of what we have done for them, but in the sense of what we have failed to do on their behalf." The themes of imprisonment, abandonment, and disempowerment, which I highlighted in "The Patient Who Had a Special Friend" and in "The Legend of Margaret Schilling" above were a lived reality at Pennhurst, and Baldini's exposé—with its raw and intimate clips of countless emaciated patients chained to beds or festering in pools of flies, urine, and excrement—captures that reality vividly on film. The exposé is disturbing to watch, to say the least, and it was instrumental in Pennhurst's eventual closure.

Another tipping point toward Pennhurst's demise, was the Halderman v. Pennhurst State School and Hospital case. In 1974, Winifred Halderman—the mother of Pennhurst resident Terri Lee Halderman—filed a class action lawsuit against the asylum due to the conditions and treatment her daughter was subjected to (Disability Justice). The case made it all the way to the

Supreme Court, and in 1977, the presiding judge Raymond J. Broderick, "ruled in favor of the residents, declaring that forced institutionalization of persons with disabilities is unconstitutional . . . The District Court determined that Pennhurst provided 'such a dangerous, miserable environment for its residents that many of them actually suffered physical deterioration and intellectual regression during their stay at the institution'" (Pennhurst Memorial & Preservation Alliance). The case was influential in improving the rights for the disabled and bringing about Pennhurst's closure in 1987 (Disability Justice).

In 2010, just as the nonprofit organization Pennhurst Memorial and Preservation Alliance (PM&PA) sought to convert the abandoned asylum into a national museum intended to preserve Pennhurst's history and promote rights for the disabled, an independent businessman named Richard Chakejian bought Pennhurst from the state of Pennsylvania for two-million dollars (Beitiks 2012). Despite pushback from the PM&PA, many area residents, and representatives of disability-rights groups, Chakejian converted the former hospital into a haunted-house-attraction.

In numerous newspaper articles, Chakejian has defended his business venture, stating that "it's simply ‘have fun at a fall event'" and "a satire." Chakejian has also expressed a desire to return the buildings to something resembling their original condition, and he believes that the money resulting from the attraction is effectively rescuing the building from disuse and demolition (Kessler 2010). Advertising this apparent altruism on the attraction's website, Randy Bates, owner of Bates Motel Productions, LLC, the company that constructed and helped design the haunted attraction, states: "Many local residents have a strong feeling that the memories of the atrocities that occurred [there] should be preserved in some way so that they will not re-occur in the future. With this in mind, we felt that the construction of a Pennhurst Museum was in order" (Hauntworld).

Yet, the museum seems a mere afterthought in the chaotic and visceral overload that tourists encounter as they venture through a version of Pennhurst peopled with the ghosts of deranged doctors, nurses, mental patients, and human experiments gone wrong (played by local actors and actresses); staged scenes reminiscent of a gory horror film; and audiovisual effects that resemble hallucinations.

The attraction's overarching narrative stems from an invented legend about a mad doctor named Dr. Chakajian (notably, just a letter away from Chakejian) who conducts radical, inhumane experiments on Eastern European prisoners and is forced to flee his home country of Austria after the experiments are discovered. Eventually, the doctor establishes himself in the United States and sets up a hidden laboratory within the abandoned Pennhurst buildings. He continues his experiments on the asylum's former mental patients until he, his staff, and many of his inmates are killed during a patient uprising.

The "Legend of Pennhurst Asylum," as posted on the attraction's website is as follows[3]:

> Pennhurst State School opened in 1908 and flourished for almost 60 years until allegations of mistreatment of residents surfaced. Over the next decade, these allegations were proven to be true and by 1986 the entire complex was abandoned and left to rot. As nature began to reclaim the property, an effort was launched to see if there was any feasible use for these buildings. Nothing was found until now . . .
>
> Nestled in the mountains of Eastern Austria lies the town of Neustadt, a small hamlet that is renowned for its medical research facilities. Dr. Heinrich Chakajian was one of the

[3] This text appeared on the website in 2015, 2016, and 2017. However, when I looked for it again in 2018, it had been removed. Having been unable to contact Pennhurst's current owner or any member of his team for an interview, I have been forced to make some conjectures. Regarding the omission of this text, my assumption is that it was removed due to increased pressure from disability-rights groups.

leading physicians at the premier Neustadt Center for Cranial Research and was a psycho surgical genius. Over the years Dr Chakajian performed hundreds of operations on patients with brain injuries and diseases. But what few people know, the good doctor also conducted radical experiments in his secret laboratory, located 30 miles west in the city of Loeben. His surgical experiments began with the corpses of people who had donated their bodies to science. However, Dr Chakajian realized that he needed live humans to further his experimental surgery, and discover the cure for brain ailments. His staff quietly made suggestions to Eastern European prisons in search of live patients to work on. The prison wardens were happy to release the worst of their inmates into the hands of Dr Chakajian with the agreement that they would never be released back into society. Convicted murderers, rapists, and sociopaths streamed into the gated complex and were secured in stone cells that lie beneath the laboratory. And so began two decades of radical experimentation with untried drugs, new procedures and open brain surgery.

Over the years, several problems began to arise; word was getting out about the unorthodox experiments that often resulted in intense psychotic deterioration of the patient and in many cases even death. The cells were filling up with people whose experimental surgery had gone terribly wrong. With the Austrian government and the European Medical Association closing in on the rumors of horrible experimentation going on at his lab, Dr Chakajian began a global search for a secure location to hide the worst of his experimental failures. After months of research, he came across a deteriorated complex in Southeastern Pennsylvania, just outside of the town of Spring City. The once majestic campus of Pennhurst State School, having fallen into ruins and almost destroyed by vandals, appeared to be the perfect location to house the victims.

After purchasing the property from the State, Dr Chakajian began a program of restoration of some of the buildings in hopes of secretly moving his problems out of Loeben and across the Atlantic to Pennsylvania. Roofs were mended, windows replaced, asbestos and lead paint were abated and the building began to take shape. Soon, the former criminal monsters of Eastern Europe, now tragically altered by radical experiments began to flow into Pennhurst. With a strong security force and hospital staff in place, the experimentation continued. Electro-convulsive shock therapy is routinely conducted on the first floor, in room 29B. Psycho surgery is performed on level two, in the well-equipped operating room. Other experiments include body suspension, light deprivation, and intense drug therapy.

For several years Pennhurst was alive again with activity but no one knew what was going on behind the walls and under the complex. One night Dr. Chakajian was killed along with several patients when a fire broke out on the second floor of the Administration building. In the ensuing chaos, the inmates mounted an escape and many of the staff were killed in the processes. Some of the patients escaped never to be seen again. The patients that didn't escape were locked in cells deep under pennhurst and left to die by the staff that survived the bloody uprising. With Chakajian dead the buildings once again were abandoned. It's believed that some of the escaped inmates returned to Pennhurst and are living inside, waiting for explorers to enter the abandoned complex. It's said that the ghosts of Dr. Chakajian, his staff and inmates are still there too, continuing their experiments and as the number of missing people in the area would attest, the good Doctor is always looking for new test subjects. (Pennhurst Asylum)

This legend, whose mad Dr. Chakajian should remind you of the violent authoritarian madmen of chapter four, was invented by Chakejian (the businessman, not the doctor) and his creative team to serve as the core of the haunted attraction's main narrative arc; patrons become part of this immersive legend that commences as they are ushered into the asylum by the sassy Nurse Betty, who commits them as "the good Doctor's . . . new test subjects" (Pennhurst Asylum).

As a foundation to this layer of theatricality, which will be described in further detail below, is a melting pot of the asylum's controversial history with its legendry. On the attraction's website, Bates states that PennHurst's most unique feature is that "it is really haunted." He goes on to describe Pennhurst as "the scariest place" he has ever been: "Not only does [it] have an incredible ambiance, a built-in cult following, and a treasure trove of unique props, it has a history; a history riddled with accusations of torture, abuse and neglect. A history of mental patients chained to the walls in dark tunnels, children left for years in cribs, sexual abuse by the staff, and even murder" (Pennhurst Asylum). He emphasizes the "history" and the "realness" of the scenes depicted in the attraction—for example, a morgue scene with an autopsy table and other artifacts original to the asylum, or a room featuring Pennhurst's actual "old dentist chair," purportedly used to extract the teeth from patients as a form of punishment. Bates notes that, in designing the attraction, the creators "really strived to mix fact with fiction, folklore with fear" (Pennhurst Asylum), an ostensibly successful aim, if his and the public's vague and often inaccurate understanding of what Pennhurst was and is provides any measure.

In Bates's description, for example, he states that mental patients were incarcerated there; numerous websites and visitors to the attraction also refer to Pennhurst as a mental institution, though this was, strictly speaking, not the case. As previously stated, though the asylum would

have housed some patients with mental illness, it was intended for the intellectually and physically disabled.[4]

As an example of how this purposeful blending of documented history, community legend, and theatrical invention often leads to confusion among the general public, Emily Smith Beitiks—associate director of the Paul K. Longmore Institute on Disability at San Francisco State University—observed the following after visiting the attraction shortly after it opened in 2010:

> Attendees pass a large movie screen that plays two films on a continuous loop: a condensed version of the news report, "Suffer the Little Children," and a short video telling the story of "Dr. Chakajian" and his prison experiments, with images of actual lobotomies and footage that closely resembles that of the news report. Which video is fiction and which reportage can be hard to tell. While I was in line, I overheard the person next to me ask, "Is that real?" Perversely, "Suffer the Little Children" seems less credible in this context, and the legend more plausible.
>
> The splicing together of history and legend continues throughout the attraction. The first rooms of the haunted house were set up as a museum exhibit in the hopes of quelling criticism. These rooms have an upbeat feel—they are brightly lit, music from the turn of the century plays, and pictures of a happier time at Pennhurst line the walls. However, attendees are moved through them quickly . . . and completely staged elements filter into them, making it hard to distinguish museum from haunted house. Connecting two rooms in the museum, for example, is a dark passageway with a screen showing an actor playing

[4] Though many people suffering with an intellectual disability also suffer from a mental illness, the two conditions are unique. The key difference is that whereas an intellectual disability impacts a person's cognitive understanding and ability, mental illness impacts a person's perceptions of the world and their thought processes (IDRS.org.au).

> a mental patient screaming for help in a locked room. The museum also includes an advertisement for the attraction itself—this is now part of Pennhurst's story. (Beitiks 2012, 23)

When I visited the haunted attraction in October 2016 and again in November of 2017, the videos that Beitiks encountered were no longer there. However, the "bizarre hybrid of history and legend, and of criminality and commercialism, that simultaneously evokes and erases Pennhurst's troubled past" (Beitiks 2012, 22) was ever present; and the line between "history" and legend" at Pennhurst continues to be blurry and dynamic. Moreover, the attraction, much like its predecessor—the Pennhurst that functioned as a state school and asylum—continues to be the subject of conflict, confusion, and controversy.

Members of the PM&PA remain adamantly opposed to the attraction. The following is their formal statement against the haunted asylum. Unfortunately, the link to the petition is no longer active:

> PMPA is completely opposed to the operation of a haunted attraction at Pennhurst that portrays people with disabilities in a demeaning and degrading fashion. Demonizing people with disabilities as a profit-making ‘entertainment' is (and should be) offensive to everyone. We urge everyone who shares our disgust to speak out against the ‘haunted asylum' and boycott this travesty.
>
> Please consider signing the petition circulating against the Pennhurst Asylum Haunted Attraction.
>
> Notice: Please keep your comments civil. The PM&PA will review your comment before allowing it to be posted. Comments are limited to 300 characters in length, therefore you

must keep your comment brief and to the point. Single comments using multiple posts will, from this point forward, not be approved. The comments posted by the public on this page - as well as all other pages on this site - do not necessarily reflect the viewpoint and opinions of the PM&PA. (Pennhurst Memorial & Preservation Alliance)

Following the group's statement and a link to a petition aimed at shutting down the haunted attraction is a comment thread that has been active from August 2010 to the present, with most comments added during the autumn months when the attraction is open to the public. The thread reveals a wide range of views on the subject, like the following:

> it's a historic place with a weird past, let it happen and quit the bickering about it. We're lucky this place has'nt [sic] been bulldozed down and put a Burger King there. Hush ALREADY and enjoy Amercian [sic] history. Mental Health will drive ya crazy.. [sic] Bang your head! (from user "scarred silly," August 13, 2010)

> Regardless of what they call it, the energy from those souls will be there no matter what and in which the place would still be haunted. Maybe haunted attraction is not the proper term but these souls do derserve [sic] to have their [sic] stories told and people should get to see and feel the energy. (from user Eva, December 31, 2010)

> If someone had suggested that the Auschwitz facilities would be put to good use as a Halloween attraction, all would gasp in horror. Pennhurst as an amusement attraction is no different. Stigma against the mentally ill and handicapped has allowed this to happen. That is the true horror. (October 2, 2013)

> Here's a newsflash The Haunt IS what is preserving Pennhurst. It is filled with people who legitimately care for the property. It has stopped the steady stream of trespassers. It brought the conversation out from the shadows. They've done more than any of you have. (from user Alexander Taylor, September 18, 2015)

> It would be fine if it was killer clowns vampires werewolfs [sic] things of that sort but when I went I was kinda pissed to see actor's in hospital gowns mimicking severe Autism not cool. I thought people were just over reacting because of the place but no its a complete mirror of what whent [sic] on. (from user Bill W, October 5, 2017)

From praising the attraction for having rescued Pennhurst from destruction, both in a physical and commemorative sense; censuring it for stigmatizing mental illness; or viewing the haunted asylum as an accurate representation or "mirror" of the functional asylum's troubled past, those writing the comments above ostensibly have only one thing in common—an interest in preserving the history of the asylum in one way or another.

When I spoke to people living and working in Spring City—Pennhurst's home of 3,323 people, according to the 2010 census—opinions regarding the present use of the former asylum were just as varied. Connie Lawson, who along with her husband, owns a chocolate shop on Spring City's main thoroughfare, told me that today "the town doesn't like to talk about Pennhurst" and that most of what she has heard about Chakejian's haunted attraction has been complaints about the traffic. Connie said that more than 55,000 out-of-towners swarm to Spring City every October to visit the attraction.

However, there are also everyday reminders of the asylum's troubled past. Connie explained that many of Pennhurst's former patients were left homeless and destitute once the

institution closed. Margaret, for example, she said, was a relatively "high-functioning patient" who was discharged from Pennhurst when it shut down and who today is frequently seen roaming around town. According to Connie, Pennhurst was Margaret's home, and "she was top dog there," but now "she can't even get a job at Wawa [an American East Coast convenience store chain]."

Tom, a Spring City native who works at a music store downtown, told me that he refuses to support the attraction because he thinks that it is "wrong…an abuse to the people that used to live there." He worked at Pennhurst as a janitor when he was a teenager and wishes that the buildings could be used as a care center for veterans—an idea that once had momentum in the community but that never came to fruition. Tom stated passionately, "If there was a way to stop it, I would" (personal interview 2016).

Mike, another Spring City resident who has lived in the town for eight years, said that though he finds the attraction "stupid," he would nevertheless like to go out of an interest in the architecture and the institution's "eerie vibes," stating that "the visual aspect is what makes [the place] eerie and adds to the folklore" (personal interview 2016).

Mike is not the only one who welcomes the opportunity to gain previously unobtainable access to the former asylum. Carly Suplee and her partner, Thomas Wright, both work at the Spring City Hotel (established in 1892)—a locally owned hotel complete with a bar and restaurant, which functions more like a kind of boarding house. Carly is from the area, while Thomas moved to Spring City in the early 1990s. Both Carly and Thomas enjoy ghost hunting as a hobby and have always viewed Pennhurst as "*the* place," though they have not been able to visit the institution in recent years for the purposes of a private investigation because it is too expensive to do so. According to Thomas, "There was so much trauma, so much abuse, so much

cruelty that it's a place with a lot of bad energy. Kids had their teeth pulled for things. People had lobotomies there. People were strapped to the wall for days on end. It goes on and on. I don't think you could find a place with more bad energy in this whole county probably" (personal interview with Thomas Wright, October 2016).

I chatted with Carly and Thomas, who were working behind the Spring City Hotel bar at the time, and a local customer named Scott the night before I visited the attraction for the first time in October of 2016. Carly and Scott had both broken into the asylum on multiple occasions as youths during the years when it sat abandoned. They had grown up hearing stories about the hospital being haunted, and according to Scott everyone was afraid of the place. In particular, Carly explained, the tunnels under the complex have always been known in the community as one of the most haunted areas.

Thomas too was familiar with the reputation of the tunnels. He told me that he had heard, "In the winter, they had to move patients, food, various supplies around the buildings and so they built a network of tunnels underground. Now I don't think anybody's allowed anymore because it's a hazard because it's falling apart. But I hear that's where most of the activity is. Mainly children. Some workmen have been seen. Now this is hearsay. It's somebody telling me a story and as Jason and Grant once said on *Ghosthunters* [a popular paranormal reality TV show], 'A story's just a story.' Myself I haven't [been inside]. Would love to go there, but still working on permission." Of the "stories" he had heard, Thomas shared with me the following:

> I can tell you the story of a fellow who worked in maintenance there for many years, most of his life. Twice he was working down in the tunnels. They used to store tables and chairs down there, gurneys, different things like that. And . . . one time he . . . thought he was working with his friend. They were stacking things against the wall, and his friend

> had gone out of the tunnels and he didn't know it. Because he said every time I looked down, I saw someone standing there. And he said, finally I looked, and it was what they call a shadow person, which is just a black outline of a human. Shadow people, they call them. And he said that happened to him twice. And he said he looked at it and said, 'Hey yo Joe or whatever.' That's when he disappeared. (personal interview with Thomas Wright, October 2016)

As you will later see, the tunnels are an important feature of the haunted attraction, and as I would later discover, the Shadow People too play an important role in the supernatural beliefs surrounding Pennhurst.

Pennhurst is not the only asylum where narratives about an underground tunnel system and shadow people are prominent. They are also common motifs in the contemporary legendry of Waverly Hills Sanatorium in Louisville, Kentucky; Trans-Allegheny Lunatic Asylum in Weston, West Virginia; Central State Hospital in Indianapolis, Indiana; and others.

In haunted asylum narratives, shadow figures suggest for many a demonic or otherworldly presence, while tunnels often represent a passageway between the asylum and the outside world. Elizabeth Tucker (2007) has written on the topic of ghosts in "forbidden tunnels" in her examination of university campus legends. She writes, "Forbidden tunnels have inspired many legends about murder, accidental death, and suicide. Some stories are based on past mysteries" like student disappearances or fatal initiations (30).

In some narratives, such as those about a "Death Tunnel" or "Death Chute" at Waverly Hills Sanatorium, which functioned as a tuberculosis hospital from 1910 to 1961, the tunnel system was purportedly used to transport deceased patients—many of whom were victims of

tuberculosis—out of the hospital to try and prevent a decrease in morale among the other sick residents. In other narratives, the tunnels become a means for escaped patients to find their way back into the community. The tunnel, in asylum narratives, marks the ability for movement and travel, for escape and concealment.

Carly expressed to me an interesting theory regarding Pennhurst as a source for the spread of mental illness and despair once contained within its walls:

> Carly: I personally think that when Pennhurst closed, the people were just released into the town. This hotel was here. We actually have—I don't know if he's still living here, but one of the last residents from Pennhurst…I think he's being moved to an assisted living place very soon if he's not already there. And this hotel—just the positioning of it—how they say, the saying "shit runs downhill." Pennhurst is up that way. This is at the bottom of the hill, so there are a lot of spirits here.
>
> Shannon: And you think it's from the hospital?
>
> Carly: I think it's a big influence, yeah, mainly in a hotel you get people that are down on their luck, that are just drinking to get through the day, and there were a lot of suicides here. I mean, it's been here since 1892. They could've been [former patients or staff]. I wasn't around in that time period, but you can't rule it out…
>
> Thomas: We have a strong kind of feeling that this place is kind of a magnet for—
>
> Carly: Yeah, I call it a vortex…and this is actually where we got our evidence up on the fourth floor. It's actually an apartment. We got a face coming out of the wall on video. (personal interview, October 2016)

Though its function in the community has changed substantially, Pennhurst remains the nucleus of the town, and it is obvious from Carly's and others' comments above that Spring City is still very much affected by its presence. Like other small-sized deinstitutionalized communities, the town's reputation remains in the enduring and oppressive shadow of its asylum. As Carly stated, "shit runs downhill" from Pennhurst.

Committed to Pennhurst

When I drove into Spring City with my friend, Sophia—who works as an architect in Philadelphia—on a drizzly Friday evening in October, a large flashing sign at the end of the high street announced that the haunted PennHurst Asylum was near. Following the sign, we proceeded along a narrow twisting road that took us through the woods to a field-turned-parking lot. It had been raining for most of the day, and the field was muddy and chaotic. Deep tire marks had all but eradicated the ground, and the space was filling up fast with that night's visitors. Once out of our car, I regretted having left my rainboots behind as we began a long trek across the field dodging cars, puddles, and other tourists who, like us, were eager to get out of the muck and reach their destination.

From the field, it would take another effortful hike—this time through the woods, where volunteers armed with flashlights and orange reflective gear waited at each bend in the trail to herd us in the right direction. Twenty minutes or so later, we came out of the woods and began to see evidence of Pennhurst. Much like The Towers, what was initially visible of the once-sprawling campus were scattered buildings in various stages of disrepair. The emptiness of the buildings was disquieting as we glanced up at so many blank windows, some broken, others boarded up. The harsh sounds of ominous, horror-movie-inspired music pulled our attention

away from the bare and desolate buildings to a brightly lit kiosk where dozens of people had already formed a line.

Thankful that I had pre-purchased combo passes in advance (priced at around fifty dollars per person), my friend and I were able to avoid the longer wait for those who were buying their tickets at the door. Our combo passes allowed us admittance to all four of PennHurst's "haunts," as the company calls each uniquely themed part of its main attraction: Pennhurst Asylum, The Dungeon of Lost Souls, The Tunnel Terror, and Ghost Hunt. We would go through each in turn, but first—having finally entered the vast campus of the abandoned Pennhurst asylum at around eight o'clock, just an hour after the attraction had opened for the night—we took in the macabre, carnivalesque atmosphere of the grounds around us.

Amidst the crowds of hundreds of tourists waiting in long lines leading up to each haunt, there were fire jugglers, sword swallowers, and costumed actors portraying the stereotypical representations of mental illness that I have discussed in previous chapters. One of the jugglers, a young woman, whose long hair was matted and in disarray, wore a hospital gown. Her male companion, with a black wig and blackface, was dressed in a white coat suggestive of a doctor's uniform. As they threw flaming clubs back and forth between them, she— "the patient"— performed seductively, casting flirtatious and suggestive glances to the crowd, while he— "the doctor"— mumbled, sometimes shouted, nonsense phrases to himself or to no one in particular and occasionally directed maniacal stares at the nearest passersby.

Figure 19. The Mad Doctor and His Patient. October 2016. Photo by Author.

In another version of a mad patient-doctor duo, a pale-faced, evil-looking doctor with icy zombie-like eyes and red bulging veins etched into his neck and face (the effects of contact lenses and makeup) tugged an infantile-seeming female patient around the compound on a chain, her hands grasping a bedpan that she pushed across the ground in front of her as she ran, propelling her body forward in order to keep up with his rough and hurried pulls. Her look was completed with wild grey-and-white hair; a bloodied hospital gown and even bloodier front teeth; eyes made violet-red from bruises; and a red bandage covering a large circular wound on her forehead. With clipboard in hand; measuring tape slung around his neck; black gauntlet gloves; a brown, vintage gasmask; and an old-fashioned physician's head mirror, this mad

scientist-butcher and his battered female-victim-companion were a representative preview of what was to come.

Like most of the actors and performers we would encounter that night, the jugglers had been made to look dead—an embodiment of "The Legend of Pennhurst Asylum," wherein the ghosts of the mad Dr. Chakajian, his medical staff, and patients continue to haunt the asylum.

Figure 20. Undertaker Giving Coffin Rides for $5. October 2016. Photo by Author.

As Sophia and I waited in line for our turn to get into the first haunt, I spoke to a couple of the other guests who were standing nearby. One woman who looked to be in her mid-fifties informed me that she was there to learn about Pennhurst's history. When I asked if she thought

the attraction accurately represented the hospital's history, she replied that she thought it did as it showed how people must have suffered there. Another woman, who was around the same age, expressed to me that she too attends the attraction each year out of an interest in the place's history. In her opinion, however, she felt that over time the attraction has changed, and not for the better, as it has become less focused on what really happened there. Previously, she explained, there were informational signs posted around the grounds describing what various buildings and things were used for, etc., but now, she told me, it seems like the owners and staff are just out to make money. For her, the attraction is fun but not informative, and that is the way it is for many. When I asked a young-high-school-aged girl what she knew about the asylum, she told me in a hushed voice, "Only that crazy people used to live here."

Figure 21. Victims of the PennHurst Asylum. October 2017. Photo by author.

Pennhurst Asylum

Having waited in line for around forty minutes, we finally approached the entrance to the first haunt, which would take us through what had been Pennhurst's main administration building. The only non-asylum-themed entertainer I would see that night—a sword swallower with a top hat and an all-black long-tail suit—performed nearby. As we waited, a provocatively, yet morbidly, clad nurse went around asking all the guests if they would like the "extreme" experience of the asylum—signaled by a red bracelet that meant the "ghosts" could touch you—or the milder blue version. Our sassy hostess Nurse Betty, who wore an early twentieth-century nurse's uniform, commanded us and about twenty others to step forward and climb the stairs leading up to the building's main entrance. As we ascended the stairs and trickled into the foyer of the large building, she turned to one guy and screamed into his face, "Turn around you pussy. You're not man enough."

Once we had all piled inside, Nurse Betty pointed to the blood on the walls, and she said, "As you can tell, we really care about our patients here." She chided us like children, telling us what we could and could not do from that point onward. She and a sinister old nun began ushering us out of the lobby and into what looked like the waiting room of an antiquarian doctor's office. They separated us, forcing us through the doorway quickly, making us enter the next room one by one without the nearness and comfort of our companions. From that point forward, things moved quickly and violently. Individual scenes and images blurred together, but what follows is an account of the experience as Sophia and I remember it, having recorded our thoughts and recollections on my tape recorder immediately following the experience. We were expressly forbidden from taking any photos or video recordings once inside the haunts.

In the first room, there was a doctor resembling the one described above—white lab coat covered with blood, old-fashioned head mirror strapped around his forehead, leather gloves and mask. He was shouting, pacing erratically around the room, throwing menacing glances as we hurried through. Off to one side, a patient sat hunched over forward in a wheelchair. His throat was cut, and the blood had spilled over into his last meal. Unlike the majority of characters in the attraction who were portrayed by actors, this particular figure was a dummy, as were the bodies we noticed hanging from the ceiling above us by chains—victims of suicide or murder, we could not tell.

Next, we entered a room in which a woman in patient's garb, legs spread apart and affixed in stirrups on a gynecological examination table, was sobbing as she looked down at a mess of blood between her thighs. There were other exam tables in the room, and they were covered with dead babies and mutilated baby body parts. The walls were aligned with shelves, and each jar contained a fetus, making the meaning of the sobbing woman's circumstances quite clear: she had lost her baby. The reason for the loss was ambiguous but only to a point, as the scene brought to mind Pennhurst's early objective to keep the "feeble-minded" from reproducing.

As was the case with The Towers Hospital, PennHurst's female patients were portrayed as victimized, vulnerable, seductive, deviant, or a combination thereof. At one point, the other new committals and I passed through a room with a series of isolation cells. Behind each door was a screen playing a short film clip on repeat made to look as if you could see what was happening inside the cells. In one, a male doctor grabbed a female patient by her hair and slammed her against the cell door so hard that her head ruptured. Pieces of skull, hair, and brains splattered graphically across the door, and we walked on. In another room, a priest performed an

exorcism on a tormented young woman in a hospital gown who writhed and rose off of her bed as if possessed.

One character jumped out at us from the dark shaking her breasts in a low-cut patients' gown as she repeated seductively, "Big titties. Big titties." From there, we entered a room full of exam tables with the corpses of several women who had been cut open, their hearts and other inner organs exposed (these were also dummies). They all had metallic pieces stuck in them, and a doctor, who was pacing frantically around the room, kept saying, "I'm trying to fix her, but I can't find the right body part." The power dynamic was clear: male medical authority polices and attempts to abort, exorcise, or "fix" female deviancy.

Much like the narrative frames of medical experimentation or infanticide, scenes depicting cannibalistic patients, doctors, and nurses were illustrated by characters with bloody mouths and piles of severed gnawed-upon body parts, suggesting that the patients are crazed enough and starved enough to have begun eating their own dead. As we rounded a corner in one room, staged to look like a cafeteria, a patient jumped at Sophia and shook a bloody leg, detached from the knee down, in front of her face.

Throughout our strange trip through the *Pennhurst Asylum* haunt, we encountered many characters who leapt out at us aggressively. Many were in straitjackets or patient gowns, others were adorned in the mad doctor's or nurse's uniforms described above. We were often followed, and those of us who had chosen the red bracelet, myself included, were sometimes grabbed by an arm or a leg, or heard strange phrases whispered into our ear. Faces would appear out of nowhere to stare unsettlingly into a guest's face.

Each "ghost" of the asylum had their own special quirk. One patient carried a real rat on her shoulder, and as I walked past her she proclaimed in a high-pitched infantile voice, "Look what I found." One doctor carried a teddy bear and asked me if I would like to pet it.

I saw many figures crawl along the floor.[5] One such character had twisted her body in a distorted way and bent over backwards to stare at us creepily as we moved past her. Sophia recalled one who she described as follows: "There was definitely an actor who actually didn't have legs. They were on the floor and they were leaning on the back wall and all of a sudden, they crawled across the floor really quickly. And it was just sort of startling because you're like that's a dummy. But then you're like no, that's a person." Most appeared disheveled with unkempt hair and eyes, and exaggerated wounds and blood stains marking their bodies and clothing.

Another figure stood out as particularly memorable for Sophia: "There was that one guy . . . who had that mask on and we kept seeing him over and over again. We would turn a corner and then we would see him again. And he would be there staring at you." I remembered this character too. He reminded me of the quintessential serial killer of horror movies. His body was draped in chains. He wore a leather bib and had a Hannibal-Lecter-type mask covering his face.

Other areas of the haunt focused less on stereotypical depictions of the mentally ill and more on the feeling that you were becoming mentally ill yourself. In what Sophia and I would later refer to as "the tipping room"—a room deemed so unsettling that it was optional—we did not encounter patients, doctors, and nurses of the asylum; rather, we encountered a scene resembling a psychotic or psychotropic-induced hallucination. Like a Rubik's cube in transition or an M.C. Escher painting full of multidimensional geometrical pathways, we clambered awkwardly to make it across a black-and-white-checkered-walkway that slanted downwards to

[5] Crawling on the floor is a common motif in legendary depictions of the mentally ill.

our right. The room was lit by dim red lights, and as we made our way across the walkway, we viewed, through a glass wall to our left, a dwarfish clown with a Joker smile painted across his face. He was playing chess with likewise short-statured people (all played by live actors) in a real-life shadow box scene. Women dressed in sexy harlequin clown costumes ushered us through, and one jumped around chanting, "You went down the rabbit hole. You went down the *wrong* rabbit hole."

As we continued our journey, I felt like I was walking through art installations focused around a central theme. There was The TV Room, where a stack of old, broken tube televisions towered above us as we hurried by, screens broken—some smashed with wires exposed, others displaying static interference in black-and-white or vibrant colors in vertical strips. Nearby, there was a table piled high with stacks of old remotes. By itself an image of broken televisions might connote a junkyard filled with unwanted, out-of-date technologies, but in the context of the asylum and the sequence of nightmarish scenes resembling hallucinations we had passed through, it brought to mind a fear of surveillance and paranoia, televisions smashed as if to prevent being watched and monitored.

Similar in form to the room full of broken TVs was another that was a graveyard of crutches—abandoned, discarded tools for the disabled or injured. In the same room a dummy was chained to a bed. His body was convulsing from waves of electrocution, no doubt a representation of the dreaded electroconvulsive (i.e., electroshock) therapy, which though popularly demonized is still employed by mental health care facilities today to induce small seizures in the brain, thereby alleviating the symptoms of certain psychiatric conditions.

The patients were not only victims of the asylum's ghoulish medical staff and their invasive methods and procedures, but they were also violent unpredictable "monsters" in their

own right—as much of a threat to their keepers as their keepers were to them. Towards the final stretch of this haunt, I noticed a poster on the wall warning about disease and contamination. We passed a control panel, which had been smashed and destroyed. Accompanied by flashing red emergency lights and a loud rhythmic siren, a caged patient was banging aggressively at her bars, her beheaded cellmate lying next to her as she yelled and continued to assault her cage. In another cell on the opposite side, a nurse was trapped and screaming at us to let her out. The patients were escaping.

Then, in a room full of specimen jars and laboratory equipment, there were several figures, all apparently infected with some sort of contagious disease. One character dabbed at red pus-filled sores all over his face with a tissue. As Sophia recalled, "The guy had pustules . . . big bulbous growths on his face." He began touching Sophia with the same tissue. She continued, "I put one of the tissues in my pockets. [The actors] were very touchy. The petting came later. They liked to pet us [on the head and arms]."

There was also an emphasis on toxic waste and contamination. Yet another clown—clearly a popular motif at the attraction—brightly dressed in neon and illuminated by black lights was sitting on top of an enormous black barrel labeled "Toxic Waste." Nearby, a patient was vomiting neon-colored liquid into a similar barrel—suggesting that he had been drinking whatever was inside.

As we neared the end of this, the first, part of the attraction, we traveled down a long hallway where an intense white strobe light flashed erratically. The effect was anxiety-inducing. I made my way slowly down the hallway, feeling alone for perhaps the first and only time during the experience. On my left, I could see the old graffiti that legend trippers and urban explorers had written on the walls of the asylum probably long before it was converted into this Halloween

attraction. On my right, I could faintly hear voices coming from outside the building. Most likely they were some of Pennhurst's other visitors waiting in line to enter the building. Though I knew the source of those voices, the result was unnerving, and I could not shake the feeling that there was someone or something behind me, even though each time I checked, there was nothing there.

The Dungeon of Lost Souls

Thematically and stylistically, The Dungeon of Lost Souls was similar to the previous haunt. The main difference seemed to be its setting. While The Pennhurst Asylum was on the first floor of the main administrative building, The Dungeon, as its name would suggest, was in the basement of the same building.

The first room we entered featured a doctor's office with early twentieth-century décor, undoubtedly meant to resemble the institution's early years. In one corner stood a large Egyptian sarcophagus. Similar to the mean and aggressive Nurse Betty, who welcomed us to the first haunt, the resident doctor antagonized his visitors, stating sardonically, "Oh you like going to the doctor, don't you? We'll fix anything here." As we exited the room we walked past a woman dressed all in black with a shroud over her face locked up in a cage. Like many others in the previous haunt, she was being electrocuted. As I walked past the scene, I could hear the doctor behind me stating with a sneer, "Don't mind her. That's only my wife. I love her, but I had to have her committed."

Surrounded by deformed and mutilated body parts, another doctor paced and shouted angrily in a foreign language resembling German, most likely the legendary Dr. Chakajian. There were bodies hanging from the ceiling by meat hooks.

As before, there was a large number of operating tables and rooms where patients were being dissected and experimented on. Strapped to an operating table, one had a third arm protruding out of her chest. The doctor stood over her and asked, "You want one of those? We can give you one of those."

The themes of patient neglect and the deterioration of the asylum reemerged here as well. One particularly graphic scene featured a patient strapped to a toilet while having explosive diarrhea. Behind him, a pipe had broken, and another toilet spouted water as yet another victim lay face first, drowned in a pool of sewage that had been forming on the ground.

We passed an area where phantom workmen lurked imposingly in a boiler room. One large and intimidating man followed our group long after we had passed through the room. He had long black hair, a long black beard, and looked like a grizzled and menacing mountain man.

The Tunnel of Terror

Departing from the themes of psychiatric treatment and experimentation gone wrong, the third attraction, the hallucinatory Tunnel of Terror, felt like a creative simulation of going mad.

In scenes reminiscent of H. G. Wells's 1896 novel *The Island of Doctor Moreau*—the story of a doctor who conducts experimental surgical procedures on animals, combining different mammalian body parts together in the creation of hybrid humanoid creatures—The Tunnel was peopled with strange beings, many with the faces of pigs, horses, or other nonhuman animals. Having fled his native England to a remote island in the Pacific after the exposure of his controversial experiments in vivisection and the public outcry that followed, Dr. Moreau's story is not unlike that of Dr. Chakajian's.

Not only were the characters distinct from the previous haunts—unsettling animal-human hybrids as opposed to insane medical staff and mental patients—but the sounds here were quite different as well. The human screams, chainsaws, cell doors slamming, and the hum and buzz of electricity from the administrative building could only occasionally be heard off in the distance. In the Tunnel we were met by an eerie silence that was occasionally broken by our footsteps, muffled nervous chatter, or the sound of crickets as we made our way through what appeared to be a jungle.

We trudged through a kind of swamp—an effect achieved by making guests walk through a long tunnel composed of knee-high inflated bags, which resembled oversized bowling gutters—as unseen hands grabbed at our ankles and legs and unearthly creatures peered out at us.

Once we passed through this jungle, tall figures in long dark cloaks with their faces hidden by the darkness began emerging as well. Their faces too were hidden under large, draping hoods, which added a mystical element to this leg of the attraction. Perhaps they were meant to resemble the asylum's legendary Shadow Men. They were accompanied by the appearance of primitive huts and looming totem-like statues—some stone, others made from wicker—behind which the creatures were hiding in wait. The impression was that we were wandering through a fantastical Lovecraftian landscape.

As with other parts of the attraction, the creatures invaded the personal space of the guests, often making physical contact with those wearing the red bracelets. They ruffled people's hair, grabbed our arms and legs, whispered intimately into our ears, but all of this was enacted with less explicit violence than in the previous haunts. The animal-faced characters came across as being simple, childlike, and less aggressive than the mental patients and the mad doctors and nurses of the asylum. However, alongside their cloaked druidic companions, their unnatural

appearance—expressions made indiscernible through masked animalistic faces—was as unsettling, if not more so.

The Ghost Hunt

Part museum, part self-guided tour, The Ghost Hunt, which was our final stop of the night, gave guests an opportunity to learn a little about the asylum's history and to explore one of its decaying buildings without the theatrical glamor of the previous three haunts. The building in question was the Mayflower, which was formerly used to house patients. Away from the screams and crowds of the ostensibly more popular Asylum, Dungeon, and Tunnel haunts, we entered the calm-by-comparison Mayflower without having to wait in line.

In a relatively small area on the first floor, there was a small exhibition set up on the history of the Pennhurst State School with some photographs, artifacts, and two period rooms. The first was made to look like an early patient's room, complete with an elderly woman's photograph, in addition to curlers, a hair brush, and other bedroom accoutrements arranged carefully on a night stand. In another, more eclectic scene there were a couple of typewriters; cups, plates, and cutlery; and quite a few toys, such as stuffed animals, trains, tops, a game of jacks, and the like. Lining this room, there were historical photos of the asylum's band, the hospital staff, and of course the patients.

The staff members in charge of the exhibition that night were two women who had both been nurses at Pennhurst. I joined a group of other guests to listen in as one of the women discussed the time she spent there before it closed. As she talked, she pointed out a few places on a large aerial view of Pennhurst's campus. She emphasized that, given the lack of funds and the severe overcrowding, she and the other staff had always treated the patients as well as they could

treat them. However, she also expressed that she felt the hospital's closure was a good thing, as in her opinion, it enabled the patients to get more attention and better care. She described all the patients as good people.

Ruth Himes, the museum's curator, also spoke favorably about her time working at the Pennhurst State School, and she said that she misses it very much. Unfortunately, Ruth told me, the PM & PA community refuses to have anything do with her because she volunteers at the haunted attraction, which they are adamantly against. She, however, believes that the attraction is mostly a positive thing, as it allows the public to visit the former hospital. Not only that but she had heard that the attraction was actually modeled after an Austrian asylum for the criminally insane and not after Pennhurst, so for her the attraction is not disrespectful or stigmatizing in any way to the former patients. Interestingly, unlike most of her coworkers and most of the other Spring City community members I spoke with Ruth does not believe that Pennhurst is haunted even though she is a firm believer in ghosts and is even a member of a local paranormal investigation group. She said that it is basically in her job description to tell people about Pennhurst being haunted, but she feels that she is lying.

After our time exploring the exhibition and talking with these women, Sophia and I wandered deeper into the Mayflower Building. We got a chance to walk through various rooms and see where the patients would have lived and slept. Some of the original beds, as well as the occasional wheelchair or child's toy, were still there rotting from water damage. Paint was flaking off the walls. Windows were broken, yet still covered with bars. It was incredibly cold, and the air smelled damp and oxidized, like rust and mildew.

As we moved through the building at our own pace, we occasionally encountered other guests or a lone staff member, there to make sure no one went anywhere or did anything off

limits. One of the women, whom I will call Cynthia, was bundled up in layers of sweaters sitting at the end of one dark corridor. Cynthia smiled eagerly at us, seeming grateful to have some company, however brief. I asked her what it was like working there. "I do get scared," she replied, "and I won't go up to the third floor. There's a little girl up there who cries for her mother." She herself had never seen the ghost of the little girl or any ghost for that matter, she explained, but many people she knew personally had had inexplicable encounters at Pennhurst, especially on the third floor of the Mayflower Building. For example, Cynthia's daughter, who was in high school at the time, had a strange experience at the asylum when the building was still sitting vacant and abandoned, in the days before Dr. Chakejian and his attraction came along.

According to Cynthia, her daughter and a few of her daughter's friends snuck into the abandoned asylum late at night to do some exploring. They went into a room and the door locked behind them without warning. The door wouldn't budge, so they gave up and sat around waiting. They had waited for quite some time until they heard the lock click open again. They all ran away as fast as they could. When they finally made it to their car, they discovered that the car door was locked as well even though they could have sworn that they had left it open. It took them a while to get the key to work. Then, as they were finally driving away, one of the guys checked his phone and realized that he'd had a missed call. When he listened to the voicemail, it was full of static, but he could hear someone saying, "Come back" (personal conversation paraphrased from field notes, October 3, 2016).

Cynthia was not the only individual I would speak to that night who regarded the third floor with awe and fearful, yet respectful, reverence.

Tamera Lawrence, a volunteer and local author who like Cynthia monitors guests in The Ghost Hunt portion of the attraction, has written two books on the hauntings of Pennhurst:

Ghosts of Mayflower (2013) and *Pennhurst: Ghosts of Mayflower II* (2015), both of which are sold in the Pennhurst attraction's gift shop. Tamera said that she has had many supernatural experiences while working there annually since 2011, and she told me that she has seen an apparition on more than one occasion. From her spot about halfway down a long hallway, where she guards the stairwell up to the third floor, currently off limits to guests, Tamera explained that one of her most memorable encounters was the time that she witnessed the apparition of a young pre-teenage boy appear in the hallway about ten feet away from where we were standing. He came toward Tamera, looked at her, walked through a doorway and into another room on Tamera's right (my left), and then just vanished into the darkness. Tamera told me that she was shocked, frightened, but also honored that he would show himself to her.

Tamera also spoke to us about the ghost of the little girl who cries for her mother on the third floor, explaining that she is one of the most active and most frequently witnessed spirits of Pennhurst. According to Tamera, there are many child spirits there, but unfortunately, there are also many evil, often nonhuman, spirits who prey on the children and occasionally on Pennhurst's living human visitors.

In her books, for example, she describes an "angry nurse" who "is still giving people shots" (38). Of the nonhuman spirit entities, there are many "shadow people" and demons pretending to be children who haunt Pennhurst. One night, while working in the Mayflower, Tamera encountered a man with whom she had the following conversation, recounted in her first book, about ghosts sighted on the building's second floor:

> "Anything happen on this floor?"
>
> "All the time," I said truthfully. I told him about the man in the other room…[and] about the little boy in the striped shirt.

> "That's not good," [the man] said . . . "Children are innocent. When they die, they pass onto a better place. It's most likely a demon pretending to be a child." (Lawrence 2013, 33)

The idea that it is a supreme evil, enforced by demonic as opposed to human entities, posing an imminent threat to the innocent and helpless is a thread throughout Tamera's collections on the supernatural happenings at Pennhurst, as it was in the narratives I presented about The Towers Hospital in chapters three and four.

In Tamera's books, which consist of narratives recounting her own supernatural encounters in the Mayflower Building and those she has collected from the attraction's guests, one such evil figure—one of the notorious shadow people discussed above—referred to as the Shadow Man permeates. Shadow Man stalks the area outside of a restroom, tormenting the spirit of a little boy named Howie who is often seen playing with his Fisher Price airplane. Tamera explains that some believe he is the spirit of a former patient named Fisher, but in either case he is commonly described as an evil demonic presence. Narrating her own personal experience with this entity in one of her books, Tamera writes:

> A woman came into the larger hallway. She had something on her phone and was excitedly showing it around to the people in her group. I went over to see what all the excitement was about.
>
> "I got a picture of a man," she said, quickly flashing a photo in front of me.

I gasped. It was a ghoulish image of a man, but his eyes were hollow, black. I had seen a lot of photos, but this one unnerved me. Fear lurked around my heart. I realized that the thing was on the same floor with me. "Where…where did you take it?"

"Right there," she said, pointing to the common room. "Near the bathroom."

I shouldn't have even asked. I knew where shadow man liked to hang out. He was always in or near the bathroom, sometimes near the closets. Of all the pictures I had seen of him, this one had to be the most sinister. The photo rippled through my thoughts, taunting me with whom and what shadow man could be. The photo bothered me.

After she left, I found myself alone. I sat on my stool staring into the room housing Howie's plane. It felt like something was standing inside the doorway, watching me. I stared back, humming and faking a false bravado [sic]. I held my flashlight and from time to time turned it on, lighting the area where I thought something stood.

I started feeling funny. I grew light headed, felt strange. I wondered if I would faint. I had only fainted once in my life. Now the sensation alarmed me. I shook my head, trying to shake the weird sensation. Then I turned on my flashlight, aiming it into Howie's room. Nothing. Still. I felt incredibly ill. I felt like I was under some kind of attack. It was weird. I said a quick prayer for protection from evil. Whatever it was, it was dark and definitely screwing with me. I knew it was the man I [had] seen in the photo. Shadow man's image was still in my mind, messing with me. Fear lurked in my soul as I shakily tried to gain control, put up mental blocks and ward him off. (Lawrence 2013, 78–79)

While we were in Tamera's area on the second floor of the Mayflower, she directed us to the room where Howie's airplane sat. She encouraged us to look for Howie and the Shadow Man, and then went back to her seat, guarding the stairwell to the third floor. After we wandered for a bit longer, Sophia and I made our way back outside.

It was jarring to find ourselves once again in the carnivalesque atmosphere of the crowds, the jugglers and other performers, and refreshments tents. We made one more pass around the grounds, noticing new things we had missed on our first perusal: coffin rides priced at $5 manned by a phantom "undertaker," a group of three heads on stakes singing the 1962 novelty song "Monster Mash" by Bobby Pickett, and a photo booth where you could pay $20 to pose in a doctor's examination chair backed by what appeared to be a funeral parlor.

Figure 22. The "Monster Mash" Trio. October 2016. Photo by Author.

Finally, we stopped off in Pennhurst's souvenir shop. Among the souvenirs available for purchase were both of Tamera Lawrence's books about the ghosts of Pennhurst and a wide range of clothing, including t-shirts, hoodies, leggings, baseball caps, and even onesies for infants, most with some version of the Pennhurst Asylum logo: "Pennhurst Asylum: The Fear is Real."

Figure 23. Souvenirs in the PennHurst Asylum Gift Shop. October 2016. Photo by Author.

There were also coffee mugs, pens made to look like syringes filled with blood, magnets, bumper stickers, and an indie horror film about Pennhurst. Perhaps the most distinctive souvenir, priced at $5 and arranged next to some coffee mugs under the glass counter where the cash register was located, was a small gold pin made to look like an angel. Called "The Pennhurst 'Lost Angels,'" a half-sheet of basic printer paper advertised:

> A limited quantity of these "Angel" pins was recently found in the "DEVON" building, one of the abandoned buildings on this complex.

Their origin and reason is unknown but possibly, they were given to the patients or staff for good deeds. This is just our thought and cannot be verified.

We are selling them as pins found at Pennhurst.

Own a piece of history for $5.00 each

We also found some boxes for these pins. They are dusty and musty smelling and that is how you are buying them…in ORIGINAL CONDITION!

$1.00 each with the purchase of the pin

With my own "little piece of history," my "dusty and musty smelling box," and a few other souvenirs, Sophia and I left Pennhurst that night, both a bit shaken up by our strange and unsettling experience.

Reflections on Pennhurst

Looking back on our experience at Pennhurst that night, my friend Sophia was mostly reticent. When I asked her later what she remembered most about the attraction and how she felt about it, she replied, "There [was] a lot of like, we're going to cut these people open and we're going to do horrible things to them…Suffering patients. Patients that are in pain. Patients who seem to have been killed or committed suicide. A lot of that. I'm mostly pretty disturbed. Not so much from oh this is scary, but from like oh, this is horrible" (personal interview, October 2016).

One year later, in November 2017, I returned to Spring City to visit the attraction again, this time with my partner, Mostafa. Not surprisingly, Sophia who lived nearby declined to return with us. My passage through the attraction was similar in many ways, except this time my visit

occurred the weekend after Halloween instead of in the weeks leading up to it, as before. As such, there was a special "Lights Out" event, meaning that all of the same haunts were available, but guests would traverse them under the cover of near darkness (possibly this was due to a reduction in the number of guests, and therefore in the staff able to operate the attraction).

I asked Mostafa, who is a graduate student in physics at Indiana University and originally from Iran, to tell me what he remembered most about that night. He replied that one memorable thing for him was feeling, at many points, like he was a doctor walking around the hospital, observing his patients:

> [There] was this cage with people in it, so I felt like I'm a doctor walking around this cage, and I kind of felt…pity towards these people. At the same time, I didn't want them near children. So, it was an odd feeling. It was loud. They were like hitting themselves, like the bars, and that was impressive definitely. (personal interview, November 5, 2017)

He also vividly recalled some of the different lines that the actors spoke to him:

> I have never been into any mental asylum, but I think they [did a] good job of picking up lines to basically whisper in our ears to use sounds and smells and…I liked the lines they were giving us. For example, the little girl was telling us, "I'm tired and I don't want to play anymore." And she was hanging from like somewhere… I actually felt like nobody in this building was okay. No doctors. No nurse. Because everyone had this kind of abnormal activity, like the doctor coming to you telling you, "I am on [too much] medication for [your protection]." (personal interview, November 5, 2017)

His observations reminded me of some of the memorable lines whispered in my own ear that night: "I can't save you, but I can kill you." "Does anyone want to hold the baby? You can

keep it. I can't find a dumpster." As an interesting foil to Mostafa's experience feeling like a doctor, I was made to feel like a patient at one point when I was grabbed, locked in a cage, and interrogated about the weather outside. My keeper accused me of lying about it and forced me to stay in the cage for quite some time. As Mostafa observed, "Nobody in this building was okay," and everyone in the asylum—doctors, nurses, patients, guests—were made to seem, or feel, as if they were mad.

I asked Mostafa, "How do you think the attraction impacts people's views towards mental illness?" He replied:

> I would say, the level of craziness [presented], or the level of extraordinary or eccentricity in this building with patients and doctors, it was unreal. It can't be like that. But I think in a way it could be helpful. So, suppose I'm driving by a mental hospital. This image of extraordinary mad or crazy people or scary people, because it seems to be unreal, it made me to be a little bit kinder towards them. The more they tried to portray these people as scary or abnormal, the more I found that this is unreal. They are people, and I felt kindness towards them. It made me feel more sympathetic towards them. Right now, I think that they are more familiar to me than before because what I saw is basically the limit of [how] these people can be scary. As I said, the more they tried to make it seem scary and threatening, the more I felt like the real mental patients should be taken care of properly . . .
>
> [And] I have to say the definition of mental illness is very unclear for me. And I don't know, do we have a right to put some people behind bars because they're just eccentric? They're just not following the norm that are defined for them? So as long as they're not harming people, I don't think that they should be behind bars or they should be treated as

> ill people, because this is not physically damaging themselves or something. Most of them, not all of them, are just different. I prefer [the term] different to mentally ill. (personal interview with Mostafa Tanhayi Ahari, November 5, 2017)

Mostafa is not alone in his lack of clarity regarding the definition for mental illness. His statement not only echoes similar admissions from many others I have spoken to, but such confusion is encapsulated by the "unrealness," as he puts it, of the characters presented in the PennHurst Haunted Attraction.

The many characters that my companions and I encountered there represent a kind of menagerie of vernacular categories for the stereotypes associated with mental illness: the mad doctor; the seductive nurse; the sexy, yet childlike female patient; the much rarer, murderous male mental patient; and last but not least, the tormented children, whose visual representations were mostly absent but whose presence was marked by scenes of abortion and props like teddy bears and plastic airplanes. Underpinning these stereotypes are vernacular categories not only for what mental illness looks like, but also for how mental illness is believed to be caused: contagion, environment, inheritance, fear and trauma, otherworldly or demonic entities; and potential methods for how mental illness could, if not should, be treated: electroshock therapy, lobotomies, incarceration, eugenics, abortion, murder, suicide, the list goes on.

The asylum itself—an important motif in its own right manifesting as character, cause, *and* treatment—is an important backdrop for these categorizations. Not only that but it is the crux between an *institutional* versus *deinstitutional* understanding of mental illness, a distinction which we are able to trace through the vernacular traditions surrounding asylums discussed in this dissertation, and which will be elaborated on in the next and final chapter.

Chapter VI

Closing Doors: Conclusions and Community Reactions

The Final Portrait

Figure 24. "Jeff the Killer Mental Asylum???"

http://crazycircusowo.blogspot.com/2013/04/the-hallway.html

In the early 2010s, there was a two-minute video circulating on the internet that featured the still of a long dark hallway in a dilapidated building. The warning accompanying the image instructed that if you stare at it long enough, you will notice a "human-like figure" at the very end of the corridor.

> It will start to move and walk toward you. After a couple minutes it will progress into a full run into the picture . . . After you see the creature you will hear a loud bang on your door. Soon after you will face him [sic] in person, Jeff. Now I heard that your computer

> gets hacked by an unknown hacker and it can be traced [sic] back to the mental asylum. Then after that . . . I [sic] bet you know what happens after that . . . (Creepypasta 2012).

Other transmitters of this internet legend note that Jeff, or "Jeff the Killer," uses the North Wales Psychiatric Hospital in Denbigh, Wales, as his home.

Figure 25: "Jeff the Killer." http://www.creepypasta.com/jeff-the-killer/

Jeff the Killer originated as a creepypasta, "an emergent genre of internet folklore that involves the creation and dissemination of a particular style of creative horror stories and images," as defined by Lynne S. McNeill and Trevor J. Blank (2018, 6). Particularly attractive to "younger audiences," the genre "draws on the disturbing, monstrous, strange, grotesque, and/or unknown while invoking the thematic and structural qualities of legendary narratives, including the use of personal narratives; ritual; ostension," and other familiar folk narrative characteristics (Blank and McNeill 2018, 6).

Jeff's origins, which I have excerpted and summarized from the original creepypasta, are as follows:

> Jeff and his family had just moved into a new neighborhood. His dad had gotten a promotion at work, and they thought it would be best to live in one of those "fancy" neighborhoods. Jeff and his brother Liu couldn't complain though. A new, better house. What was not to love? (Creepypasta 2012)

Shortly after the move, Jeff starts getting "a weird feeling" that comes on him in moments when he is frustrated or angry, like when his mom accepts an invitation for him to go to a kid's birthday party and he doesn't want to. One day, while riding the bus to school, some bullies—a little bit younger than Jeff, who is thirteen—start picking on Liu. When Jeff stands up to them, one of the bullies pulls out a knife, which Jeff is able to use against them. Jeff attacks, causing mild injuries, but he and his brother go to school all the same.

> Liu just thought of that as his brother beating up a few kids, but Jeff knew it was more. It was something, scary. As he got that feeling he felt how powerful it was, the urge to just, hurt someone. He didn't like how it sounded, but he couldn't help feeling happy. He felt that strange feeling go away, and stay away for the entire day of school. Even as he walked home . . . he felt happy. When he got home his parents asked him how his day was, and he said, in a somewhat ominous voice, 'It was a wonderful day.' (Creepypasta 2012)

The following day, several police officers come to the house, and before he can do anything, Liu takes the blame and is taken away to spend time in juvenile detention. Sad, lonely, and guilty, Jeff attends the kid's birthday party his mother arranged for him against his will. While he is at the party, the same bullies who attacked him and Liu on the bus team up against him again. It is a

nasty fight. Bully Randy, who has broken a bottle of vodka over Jeff's head, is beaten to death for it. While Jeff, who also had a bottle of bleach dumped over his head starts beating Keith to death with a towel rack. However, before dying, Keith is able to take revenge by lighting a match and throwing it in Jeff's face.

At the hospital, when the doctor removes the bandages from [Jeff's] face:

Jeff's mother screams at the sight of his face. Liu and Jeff's dad stare awe-struck at his face.

"What? What happened to my face?" Jeff said. He rushed out of bed and ran to the bathroom. He looked in the mirror and saw the cause of the distress. His face. It . . . it's horrible. His lips were burnt to a deep shade of red. His face was turned into a pure white color, and his hair singed from brown to black. He slowly put his hand to his face. It had a sort of leathery feel to it now. He looked back at his family then back at the mirror.

"Jeff," said Liu, "It's not that bad . . ."

"Not that bad?" said Jeff," It's perfect!" His family were equally surprised. Jeff started laughing uncontrollably.

His parents noticed that his left eye and hand were twitching.

"Uh . . . Jeff, are you okay?"

"Okay? I've never felt more happy! Ha ha ha ha ha haaaaaa, look at me. This face goes perfectly with me!" He couldn't stop laughing. He stroked his face feeling it. Looking at it in the mirror . . .

"Doctor," said Jeff's mom, "Is my son . . . alright, you know. In the head?"

"Oh yes, this behavior is typical for patients that have taken very large amounts of pain killers. If his behavior doesn't change in a few weeks, bring him back here, and we'll give him a psychological test."

Later that night, Jeff's mother woke to a sound coming from the bathroom. It sounded as if someone was crying. She slowly walked over to see what it was. When she looked into the bathroom she saw a horrendous sight. Jeff had taken a knife and carved a smile into his cheeks.

"Jeff, what are you doing?" asked his mother.

Jeff looked over to his mother. "I couldn't keep smiling mommy. It hurt after awhile. Now, I can smile forever.

Jeff's mother noticed his eyes, ringed in black.

"Jeff, your eyes!" His eyes were seemingly never closing.

"I couldn't see my face. I got tired and my eyes started to close. I burned out the eyelids so I could forever see myself; my new face." Jeff's mother slowly started to back away, seeing that her son was going insane. "What's wrong mommy? Aren't I beautiful?
"Yes son," she said, "Yes you are. L-let me go get daddy, so he can see your face." She ran into the room and shook Jeff's dad from his sleep. "Honey, get the gun we . . ." She stopped as she saw Jeff in the doorway, holding a knife.

"Mommy, you lied." That's the last thing they hear as Jeff rushes them with the knife, gutting both of them.

His brother Liu woke up, startled by some noise. He didn't hear anything else, so he just shut his eyes and tried to go back to sleep. As he was on the border of slumber, he got the strangest feeling that someone was watching him. He looked up, before Jeff's hand covered his mouth. He slowly raised the knife ready to plunge it into Liu. Liu thrashed here and there trying to escape Jeff's grip.

"Shhhhhhh," Jeff said, "Just go to sleep." (Creepypasta 2012)

Killing his schoolmates and his family is merely a start. Other creepypastas, blogs, and comment feeds, which are attached to videos and pictures of Jeff, describe more of the character's horrific activities. There are also numerous memorates from individuals who, after watching the video, describe their personal encounters with Jeff. Many of these online memorates explicitly reference the link between the character and the North Wales Psychiatric Asylum in Denbigh, calling him "The Denbigh Asylum Killer" or "The Denbigh Lunatic Asylum Ghost." Jeff the Killer's relationship to the Denbigh Asylum is somewhat ambiguous. However, in most cases, the narratives imply that Jeff has chosen the isolated derelict institution as his home, even though—as one creepypasta author points out—the asylum has already been "hastily abandoned and never cleaned up" by the time Jeff is spotted roaming its halls (Creepypasta Archives).

Jeff the Killer is a kind of fraternal twin to the escaped mental patient tale type described in chapter two. He has fled *to* and not *from* an asylum. Yet, he exhibits the same senseless

criminality and frenzied unpredictable madness as his older brothers. During the era of institutionalization, such legends often expressed a fear of patients getting out. Now, with few places left to contain such criminally insane figures, there is a fear that they could be any place at any time—even just outside our door or observing us in the comfort of our homes like in the following narrative from the Creepypasta Archive:

> For the first minute of the video, it was simply a still frame of the corridor. There was no sound nor movement. At approximately 1:13 of the video, I noticed a slow but definite movement at the very end of the corridor. The creature [sic] had a human stance but walked very unusually, most noticeably with its [sic] head pointed straight at the ground. The creature accelerated steadily as the video progressed, eventually breaking into a full run. The creature ran head first into the camera, knocking it over. Simultaneously, I heard a very loud bang at the door. There was only one, and it sounded like someone had just run into the door.
>
> I jumped up and grabbed [a baseball bat] when I heard my computer make an error sound. The computer then bluescreened at that point, saying it shut down for safety reasons. The screen then proceeded to make note of the fact that an unknown hacker had been obtaining information about my whereabouts. My antivirus program ran a trace of the hacker's IP address, and came back with a city in Northern Wales; specifically, the hack had been made from an abandoned mental asylum.
>
> Then the power went out . . . I began to hear someone groaning in pain outside the door. I knew it was a mistake to go look, but I decided to anyway. When I glanced through the peephole, there was nobody outside the door. I could still hear the groaning though . . .

> I . . . immediately attempted to contact police; however, I simply got a busy tone on both the landline and my cell phone. I ran back up to my computer to see if I could hook it up to a generator to ask for help that way, when I noticed that the computer screen was still on. In giant red text upon a black screen, it read, "GO TO SLEEP." (Creepypasta Archive)

As popular as Jeff the Killer was in the late 2000s and early 2010s, the character is unknown in the small market town of Denbigh in Northeast Wales where the former North Wales Psychiatric Hospital resides.

The town of Denbigh, situated in the rural county of Denbighshire, is a community of just under 9,000 people. Nestled in the picturesque countryside, yet difficult to access by means of public transportation and with few options for accommodation, the town remains off the beaten track for the majority of tourists. However, Denbigh is home to two historic landmarks that attract a respectable amount of intrigued visitors each year: first, Denbigh Castle—the construction of which marked the complete conquest of Wales by the English monarchy in the thirteenth century; second, and in many ways just as impressive, what remains of Denbigh's psychiatric hospital. The first of four mental health care facilities built in Wales, the institution was intended as a solution to the prejudice and language barrier faced by Welsh patients in English asylums (Wynne 2006). Planning for the hospital began in 1842; it opened in 1848; and it closed in 1995.

Figure 25. View of Denbigh from the Castle. June 2015. Photo by Author.

Figure 26. Denbigh Library and Town Center. June 2015. Photo by Author.

Figure 27. North Wales Psychiatric Hospital. May 2014. Photo by Author.

Figure 28. North Wales Psychiatric Hospital Chapel. May 2014. Photo by Author.

Figure 29. North Wales Psychiatric Hospital Inner View. May 2014. Photo by Author.

As previously discussed in chapter two, the North Wales Psychiatric Hospital was the subject of a controversial segment of *Most Haunted,* the paranormal reality TV show, which in its 2008 Halloween special, popularized the asylum as a cursed "village of the damned." In stark contrast to its depiction in this show, the hospital, which was the primary employer for Denbighshire citizens throughout its nearly one-hundred-fifty-year history, was a source of community pride and economic stability.

I have already discussed the experiences of Clwyd Wynne and Dafydd Lloyd Jones, two former Denbigh Asylum nurses who feel a powerful connection to the place and who helped form the active North Wales Hospital Historical Society. The Society maintains an online

guestbook and photo archive, to which hundreds have contributed over the past ten years. It facilitates exhibitions and other community events aimed at increasing awareness of mental health problems. It has also organized a number of reunions for former staff and patients over the years—the reunion group's Facebook page boasts nearly 300 members. While staff seem to be the most active members of the society and its efforts, there are a fair number of patients who get involved. Additionally, individuals conducting genealogy research or seeking memories of lost loved ones, community members struck by the lasting presence of the hospital in their social and geographical landscape, even individuals who have never set foot near the asylum—let alone in Wales—voice their continued interest in the asylum and in the activities of its historical society.

Figure 30. Clwyd Wynne and Dafydd Lloyd Jones, former North Wales Psychiatric Hospital nurses and active members of its historical society. June 2015. Photo by Author.

In the Historical Society's online Guestbook Archive, the Denbigh Asylum is referred to as a "national treasure;" "the crown jewel" of its community; an important monument of "health heritage;" the epitome of "what was real mental health care;" and last but not least, "home."

According to a former patient, "[I was] absolutely terrified when I was dragged up those steps . . . I did not realize that I had bipolar [disorder] and 'suffered' a 7-month manic episode, several of those months spent happily there! [It] was a haven for me . . . such good things can happen when all seems lost . . . thank you North Wales Hospital" (a patient admitted in 1990). According to another, "The hospital is a defining moment of my life, my 3 months there [gave] me a lot of scope to define myself and start my life again! I was heartbroken when I saw pictures of how it had been so vandalized! The hospital was such a beautiful yet haunting place!" (a patient admitted in the 1990s).

According to a former nurse, "When it comes to the staff of 'The Mental' [we] were 'forever young' and immortal in our own minds. Surrounded by human tragedy every day, it was almost as if we were to some extent untouchable . . . Aaaaah—for many reasons among the happiest days of my life!!!!" (a nurse). Another contributor states, "Many a day I have feelings of 'hiraeth'[1] and look back on the happy days working at the North Wales Hospital."

These comments are overwhelmingly positive, as are the vast majority of other patient, staff, and community members' recollections that I have encountered both here and elsewhere. Unlike the other abandoned institutions in this dissertation, Denbigh is not surrounded by accusations of brutality and maltreatment. Further, when I went looking for legends in the village and evidence of supernatural beliefs and interests, I found instead a loyal protectiveness and a very different kind of prevailing narrative. In more than one conversation with community

[1] The English equivalent is "homesickness."

members and former staff, my questions about supernatural beliefs related to the hospital were answered with discussions about patient tragedies.

One gloomy summer day in 2014, Dafydd Lloyd Jones, Clwyd Wynne, and Elwyn Jones, who is the groundskeeper and also a former staff member, gave me a walking tour of the asylum grounds, occasionally allowing me to step inside where it was still safe to do so. As they showed me around, Elwyn talked about his troubles with local kids, whom he frequently has to chase away from the asylum's dangerously deteriorating buildings. For this purpose, he always brings his large and rather intimidating German Shepherd with him.[2]

This discussion of trespassing led Dafydd, Clwyd, Elwyn, and I to talk about the beliefs that motivate this behavior, in other words Denbigh's reputation for being haunted. I asked my three guides what their opinion was of the supernatural stories that people tell about Denbigh. To paraphrase Clwyd, "I lived and worked at Denbigh for more than thirty years and I never experienced anything supernatural. Sadly, however, many patients did attempt suicide. Many of them succeeded. I didn't see it myself." Clwyd went on, "but I heard about this instance where some patients got out onto one of the fire escapes and started jumping. Several of them died before somebody could get out there and stop them" (paraphrased from an informal conversation, May 2014). Later on, as we continued to explore the grounds, Clwyd pointed to the site where the suicides had occurred. He explained that the hospital's maintenance crew added

[2] Elwyn and his dog are depicted as folk characters on various websites discussing the Denbigh Asylum as a great place to explore. Viewed as the guardian of Denbigh, he is presented as a challenging adversary to those who rise to the challenging of getting past him to explore the abandoned asylum. There is even a YouTube video entitled "Elwyn: Ancient Guardian of Denbigh Asylum." The text beneath the video reads, " Woe to those unwary adventurers who would meet their doom or be ordered to delete their pics [sic] by the mighty voice and anger of Elwyn and his satanic hound, who patrol the remains of Denbigh mental asylum in deepest north Wales, always on the lookout for some hapless urbexer. Beware the beard, beware beardie. AAARRRRRRRRRGGGHHHHH!" An "urbexer" is short for "urban explorer," which denotes a person who explores abandoned and otherwise off-limits buildings and structures.

grating around the fire escape shortly after the incident. It is somewhat of a paradox that people purposefully risk their lives breaking into a place where so many tragically killed themselves as the result of an illness over which they had no control.

During my time in Denbigh I also spoke to Eilian Jones (and no, none of the Joneses cited here are related). Eilian is from a younger generation of workers at Denbigh. He started in 1986 as an engineering storeman, but after the hospital's ten-year closure plan was put into effect, Eilian became a stoker, meaning that he cleaned and monitored the boilers. Eilian worked at the hospital until 1993. Though he worked there at the same time as Clwyd, Dafydd, and Elwyn, Eilian did not know the other men, since, as nurses, they worked in a different area of the hospital. When I asked Eilian about Denbigh being haunted, he—like the other men—had a different kind of narrative to tell:

> I remember my first night shift. I was very apprehensive, because, you know, all the lights and corridors were to be switched off but they had very dim night lights. And, you know, I just, I remember the first night, I opened the door because you always locked your door, you know, I had a key that would open every door. This big, huge key that would open every door. And I remember looking down this corridor thinking, my god you know this is, I was quite apprehensive about stories because obviously a lot of people had killed themselves there. A lot of people had died there.
>
> And then one story . . . one of the old engineers told me . . . is that you had three silos. They were huge silos that would be where the coal was kept and obviously there was a ladder on the side of it going right to the top. And this, I don't remember when this happened, but there was a young lad who started there and the engineers were walking to work one morning and the old engineer said to him, "Don't look back." He said, "Why?"

"Just don’t look back, he said." And the old engineer had seen that one of the patients had gone to the top of the silo and he said, "Just move a little . . . just go quickly." And he said, "Why? What’s wrong?" And the next thing he heard was this big 'splat,' and this patient had just thrown himself off the top of the silo. And, you know, again the engineers dealt with it as you would. And after that they put these huge, huge barriers right around the silos. They were over eighteen-foot-high, so that nobody could actually access them apart from the boiler house itself. (personal interview with Eilian Jones, June 28, 2015)

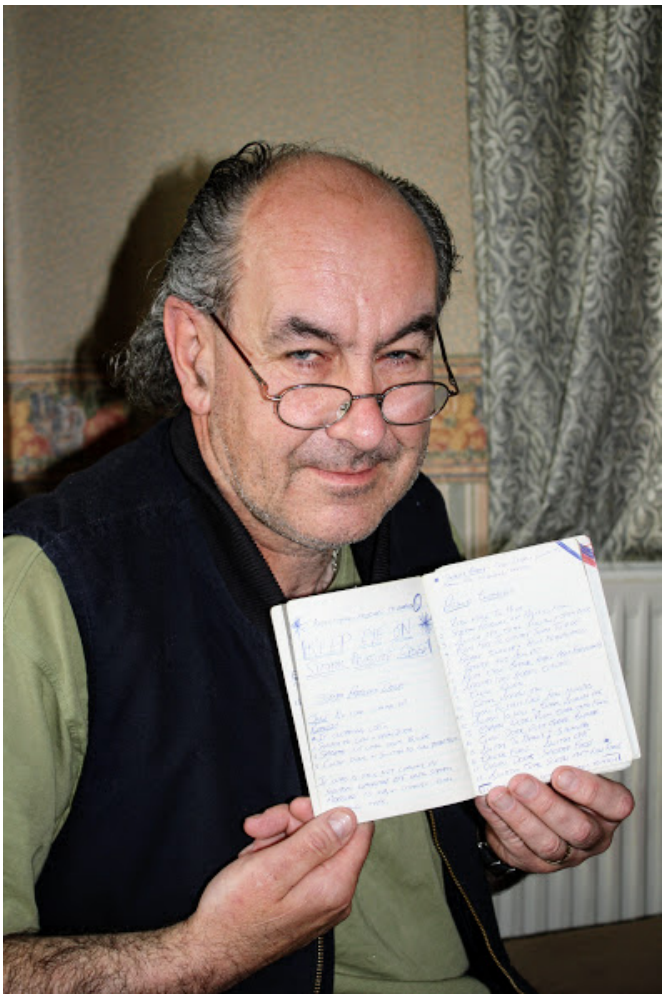

Figure 31. Eilian Jones with the log book that he used for his job at North Wales Psychiatric Hospital. June 2015. Photo by Author.

Eilian's narrative is functionally and structurally similar to a contemporary legend, and it brings to mind variants of "The Boyfriend's Death" discussed at the beginning of this dissertation—police officers lead a young woman away from the car, above which her dead boyfriend is hanging. The officers, like the old engineers warning the young man, warn her, "Don't look back . . . Just don't look back."

The telling of asylum narratives is also a kind of looking back, a way of interrogating what happened and why.

Eilian's and Clwyd's accounts of patient suicides, are counter-narratives, or "narratives in interaction" with Jeff the Killer, and with other rumors and legends about Denbigh, such as those invented by the crew of *Most Haunted*. More generally, Eilian's and Clwyd's accounts are "narratives in interaction" with past and present concerns regarding the closure of the North Wales Psychiatric Hospital. Defined by Molly Andrews (2004), counter-narratives are "the stories which people tell and live [that] offer resistance, either implicitly or explicitly, to dominant cultural narratives" (1).

As you have seen throughout this dissertation, abandoned asylum legendry frequently functions as counter-narrative, challenging master stories that place conventional psychiatry as the ultimate authority on how best to care for those with mental health challenges. However, from a different point of view, asylum legendry may perpetuate an alternative—perhaps equally dominant—discourse, which articulates the view that psychiatry is as "mad, bad, and dangerous" (Cross 2004) as those who require psychiatric care. Thus, asylum legends also frequently become the targets of counter-narratives. In the case of Denbigh, Eilian, Clwyd, Dafydd, and others resist the dominant cultural narrative that the mentally ill are evil, monstrous, dangerous, and criminal.

As Michael Bamberg (2004) observes, while narrative may not be "a privileged discourse genre when compared to [others], there is "something special" about narrative's capacity "to order characters in space and time," "[connect] past events to present states (as well as imagined, desired states and events)," and "reveal character transformations in the unfolding sequence from past to future" (354). In other words, narrative is commonly "employed…to make claims about ourselves and our identities," claims that express complicity or, on the flip-side, claims that "[counter] dominant and hegemonic narratives" (352). Thus, he argues, the study of "narratives-in-interaction," allows us to make better sense of how individuals, and I would add, communities manage and express their "emergent identities" (356). The North Wales Psychiatric Hospital is an essential aspect of the town's cultural and geographical landscape, and narratives like Eilian's and Clwyd's are identity claims expressing personal and communal connections to that landscape and also memorializing and acknowledging the tragedies that have shaped it. Narratives about Denbigh allow for the vernacular reclamation of this particular institution, perhaps even of the problem of mental illness itself, making it not only the property of those who lived and died there, but the collective property of all who stake a claim in Denbigh's past, present, and future.

Because of the stigma of mental illness, because mental illness is often perceived as that incurable disease without any hope of recovery—the experience of mental illness is often untellable. In other words, it is one of those "kinds of experiences that can or cannot be talked about in particular contexts" (Goldstein and Shuman 2016, 7). Yet, legend gives us a way.

Asylum legends reflect the stigmatized vernacular, which Diane Goldstein and Amy Shuman (2016) use to encapsulate "the emic experience of stigmatization" and also "the contagion of stigma" (4). As you have seen with Denbigh and with other examples I have presented, deinstitutionalized communities are stigmatized as much as their local psychiatric

facilities and the patients that once populated them. So, while on the one hand, asylum legends perpetuate and externalize stigma, stigma can be internalized.[3] Thus, asylum narratives are also a medium for experiencing and directing stigma inwards toward ourselves. To the patterns of folk speech I discussed in chapter one, we can add "I must be crazy" or "I feel like I'm going crazy." In other narratives, we find everyday characters that could be us, one of our loved ones, or a random person who passes us on the street—a young medical student like the woman in "The Cadaver's Arm," a local doctor like the one haunting the Pennhurst Asylum, or a thirteen-year-old boy who just moved next door like Jeff the Killer. Through ostensive practices, we sympathize and empathize. We express our fascination and curiosity. We purposefully commit ourselves to institutions it was once almost impossible to escape from, and once inside we try on the symptoms of insanity.

It may be true, as American actor John Russell has said that "sanity calms, but madness is more interesting." I certainly would not have embarked on writing this dissertation were it otherwise. However, the impact of *mental illness* is devastating. According to the National Alliance on Mental Illness (NAMI):

- "Approximately 1 in 5 adults in the U.S.—43.8 million, or 18.5%—experiences mental illness in a given year."
- "Approximately 1 in 25 adults in the U.S.—9.8 million, or 4.0%—experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities."
- "An estimated 26% of homeless adults staying in shelters live with serious mental illness and an estimated 46% live with severe mental illness and/or substance use disorders."
- "Approximately 20% of state prisoners and 21% of local jail prisoners have 'a recent history' of a mental health condition."
- "70% of youth in juvenile justice systems have at least one mental health condition and at least 20% live with a serious mental illness."
- "Only 41% of adults in the U.S. with a mental health condition received mental health services in the past year. Among adults with a serious mental illness,

[3] For more on internalized stigma, see Quinn et al. 2015 and Livingston and Boyd 2010.

> 62.9% received mental health services in the past year." ("Mental Illness by the Numbers")

Given this pervasiveness, it is perhaps no wonder that the asylum—the first and only large-scale attempt at socially addressing the issue of mental illness—remains such a powerful motif in contemporary supernatural folklore and popular culture in parts of the world where institutional mental healthcare was once commonplace.

In the present study I have examined contemporary legendry—a corpus of interrelated narratives including legends, memorates, rumors, general statements of beliefs, and various forms of ostension and commodification—about deinstitutionalized psychiatric institutions as a window into mainstream conceptions of mental illness and mental health care. My primary aim has been to provide insight into the role of legendry in the construction, maintenance, and negotiation of stigmas and stereotypes. While I have taken narrative, or communicative expressions belonging to the verbal category of folklore as the primary nucleus to this study, I have demonstrated contemporary asylum legends as inherently unifying and multi-faceted, in other words essentially composed of verbal, material, and customary aspects. If that has been my latitudinal scope, my longitudinal frame is a model for understanding asylum legendry in three parts—preinstitutional, institutional, and deinstitutional—and thus representing significant paradigmatic shifts in cultural representations of mental illness and psychiatric health care. Preinstitutional legends involving motifs of witchcraft, demons, Satanism, or cursed land, point to popular stereotypes regarding the nature of mental illness as having supernatural as opposed to natural causes, and the nature of psychiatric healthcare as being rooted in evil, pseudoscientific motivations and practices.

Institutional legends reveal complex perceptions about the behaviors and characteristics of mentally ill individuals through depictions of escaped mental patients, confinement,

cannibalism, dismemberment, suicides, medical experimentation and torture, and physical disability and monstrosity. In "the absence of institutional boundaries" brought on by asylum closures (Cross 2004, 212) and exhibited in institutional narratives, deinstitutional legends reexamine and question the very purpose, meaning, and necessity of such boundaries.

On the whole, asylum legends also mediate questions about the boundary between sanity and insanity and between mental illness and supernatural experience; issues of a gender disparity in mental healthcare; explanations, definitions, and categories for mental illness; and appropriate methods for its diagnosis and treatment. It is my hope that the critical analysis of asylum legends I have presented here will not only contribute to theoretical knowledge on the construction of vernacular explanatory frameworks for mental illness, but also increase awareness about the impact of stigmatization.

Concluding Remarks

For as long as I can remember, I have had recurring dreams about the same ever-changing house. In each dream, the vast, seemingly never-ending structure has some new staircase, room, or door for me to pass through and explore. Sometimes it merges with other kinds of buildings: a busy airport, for example. It has been vibrant, peopled with strangers or family and friends, beautiful carpets, lush colorful furniture and fixtures. I have also seen it empty, desolate, abandoned. I read in a "Dream Dictionary" once that the house symbolizes the mind.

Mental asylums too are vast and seemingly endless with plenty of rooms, corridors, and passageways to explore. They join with other structures (hotels, schools, apartments, museums). Vibrant and peopled with strangers, family and friends, beautiful carpets. Or empty, desolate, abandoned.

In the same way that the evolving house of my dreams has become, for me, a symbol for the continually expanding nature of my mind, the mental asylum is a cultural symbol, representing almost eight centuries of attempts at changing and healing the "sick" or "abnormal" mind.

From madhouse to sanctuary to ruin and back and forth many times in between, the asylum has been the only tangible, visible solution we have ever had for the intangible, invisible problem of mental illness. And it failed.

Largely because of these two factors—the once hopeful purpose it fulfilled along with its failure—the image of the asylum persists: in everyday vernacular speech and narratives; in popular books, films, television shows, video games; in costumes, jewelry, clothing, holiday customs, and culinary treats; and last but not least as the adventurous tourist's destination. With the title of this work, I promised "*narrative* portraits of asylums." The content of the portraits I have presented consists primarily of the contemporary legend genre, a genre that embodies the issues and anxieties of its day; a genre that allows us to uncomfortably obscure, inveigh, explore, question, and denounce recent, fraught history; a genre that, through ostensive performative actions, we "live" to understand and create, or recreate, the places and environments around us.

For as I have argued, the image of the asylum is not perceived solely through sight; a portrait is more than the sum of its parts. Asylum legendry comprises artifacts, activities, and verbal expressions that are all interwoven *through*, *as*, and *because of* narrative: Margaret Schilling's corpse stain, the blood splatter of the spirit Amy, as examples. I do not mean to suggest that narrative is an all-encompassing or superior concept. Rather, I mean to say that contemporary asylum legendry articulates and resonates with the material physical space of asylums, and through the ostensive activities of legend tripping and supernatural tourism

(through living space), individuals engage in a creative and revisionary process of remaking and understanding these significant cultural-historical landmarks. In presenting an intimate study of the connection between legend and ostension and place, corresponding to the narrative, customary, and material branches of folklore, I hope to contribute a model for interrogating contemporary legends not as an isolated narrative genre, but as an entangled narrative-material-customary form.

Through this work, I have also offered a chronicle of the "folk history" of asylums. In framing my analysis into preinstitutional, institutional, and deinstitutional legends, I present a model that outlines a significant paradigmatic shift in cultural representations of mental illness and psychiatric health care. By identifying and describing these shifts, I hope to advance a better understanding of how individuals and communities deal with the trauma of mental illness and of the impacts of asylum closures, which those in deinstitutionalized communities are still realizing.

In chapters one and two, I present a bird's-eye view of the folk histories of asylums, captured snapshots of portraits taken from the far side of a crowded gallery. With chapters three, four, five, and even six, on the other hand, I present more intimate close-ups of The Towers, Pennhurst, and Denbigh. These were my hand-drawn reproductions and raw presentations of deinstitutional legendry.

When I embarked upon my fieldwork in the communities of Leicester, Spring City, and Denbigh, I expected to gather more of what I present in chapter two—recognizable legend texts—stories with a clear beginning, middle, and end. However, the fact is that as the form and function of asylums have changed, so too has the form and function of the stories that people tell about them. I discovered that would-be adolescent legend trippers—the primary group studied in

the literature—while still very much interested in breaking into asylums know very little about their history.

That, combined with the fact that access to these often-decaying places has become increasingly difficult to gain, means that adult legend trippers—many of whom have a personal connection to the asylums they visit—are more frequent participants on what I refer to as the commodified legend trip. In analyzing the perspectives and memorates collected from adult legend trippers, I examine the concept of empathy and "spiritual therapy." Challenging the expectations that I carried with me before my fieldwork—that asylum legendry primarily stigmatizes the mentally ill, I discovered that a large portion of people interested in haunted asylum tourism want to empathize and connect with the former inhabitants of asylums. As a result, adult legend trips are investigative opportunities for the reclamation of asylum history and the uncovering of marginalized patient perspectives, though, problematically, the ownership of marginalized voices belongs more to the spiritual heroes than to anybody else.

In chapter four, I attend to issues of gender in asylum legends. I argue that supernatural legends and memorates about the female experience of mental institutions is part of a discourse that criticizes former models of psychiatric healthcare for women, while also questioning contemporary ones. In chapter five, I present my own participant observation of the PennHurst Haunted Asylum to elaborate on how vernacular explanations, definitions, and categories for mental illness are articulated and negotiated through the commodification of an invented legend about a mad doctor and his patients.

Finally, in the present chapter, chapter six, I have discussed the unique case of the North Wales Psychiatric Hospital in Denbigh, which unlike the other asylums discussed, is passionately protected by members of the surrounding community, many of whom dispute the belief that

Denbigh is haunted, emphasizing instead the hospital's real-life tragedies. Contemporary legends about the Denbigh Asylum thus frequently function in dialogue with counter-narratives—other ways of recalling and communicating the hospital's past and present, as well as its future.

Over the years, whenever people have asked me what my dissertation is about, my scripted response has been, "My dissertation examines contemporary legends surrounding abandoned psychiatric institutions and what such legends reflect about our perceptions of mental illness and psychiatric healthcare." More than that, I have discovered that this dissertation is really about coping with the common, yet marginalized experience of mental illness and attempting to understand its causes, its nature, and its solution (if there is one). I believe that my most important contribution is to recognize and document the trauma that is still felt in deinstitutionalized communities and to help extend the conversation about how to define mental illness, how to treat it, and also how to respect those who suffer through it.

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Torrey, E. Fuller. 1997. *Out of the Shadows: Confronting America's Mental Illness Crisis.* New York: John Wiley & Sons.

Torrez, Mercedes Elaina. 2016. "Evoking the Shadow Beast: Disability and Chicano Advocacy in Reimagining San Antonio's Donkey Lady Folktale." *Contemporary Legend.*

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Urry, John. 1999. *The Tourist Gaze: Leisure and Travel in Contemporary Societies*. London: Sage Publications.

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Winick, Stephen. 1992. "Batman in the Closet: A New York Legend." *Contemporary Legend* 2: 1–21.

Wynne, Clywd. 2006. The North Wales Hospital, Denbigh, 1842-1995. Rhyl, Denbighshire: Gwasg Helygain Ltd.

Yanni, Carla. 2007. *The Architecture of Madness: Insane Asylums in the United States.* Minneapolis: University of Minnesota Press.

Young, James E. 1997. "Between History and Memory: The Uncanny Voices of Historian and Survivor." *History and Memory* 9.1/2: 47–58.

Young, Joel L. 2015. "Women and Mental Illness: Why Are Mental Health Issues More Common Among Women?" *Psychology Today*, April 22, 2015. Accessed February 3, 2018. https://www.psychologytoday.com/us/blog/when-your-adult-child-breaks-your-heart/201504/women-and-mental-illness.

Curriculum Vitae

Shannon K. Tanhayi Ahari

Education

2019 **Ph.D. in Folklore & Ethnomusicology**, Department of Folklore and Ethnomusicology
Indiana University, Bloomington, IN
- *Dissertation:* "Narrative Portraits of Asylums: The Contested Authorship of Mental Illness and Psychiatric Health Care" (Chair: Dr. Diane Goldstein)

2013 **M.A. in Folklore & Ethnomusicology**, Department of Folklore and Ethnomusicology
Indiana University, Bloomington, IN

2013 **M.L.S.**, School of Library and Information Science
Indiana University, Bloomington, IN

2008 **T.E.S.O.L. Certification**, Trinity College London Validated
Atlantic S.E.A.L. School of English, Schull, West Cork, Republic of Ireland

2007 **B.A. in English and Rhetoric/Creative Writing**, Department of English
University of Illinois, Champaign-Urbana, IL
- Distinction in Honors, Department of English
- *Honors Thesis:* "The Cultural Logic of the Female Hero in Graphic Fiction: From Wonder Woman to Promethea" (Director: Dr. James Hansen)

Teaching and Advising Experience

2019–Present **Academic Advisor**, Indiana University, Bloomington, IN
University Division, Office of the Vice Provost for Undergraduate Education

2011–2019 **Associate Instructor**, Indiana University, Bloomington, IN
- Urban Legend (F252/F141), Fall 2018 and Fall 2013
- Folklore and the Supernatural (F256), Spring 2014 and Fall 2011
- Folklore in the United States (F131), Fall 2012
- World Arts and Cultures (F121), Spring 2013 and Spring 2012

Instructor, Indiana University, Bloomington, IN
- Madness and Contemporary Legends (Collins Living-Learning Center L210), Fall 2014
- Folklore in the United States (F131), Summer Session II 2012

2008–2010 **English as a Foreign Language (EFL) Teacher**,

- Apollo Education and Training, Hanoi, Vietnam, 2009–2010.
- Caledonian School, Prague, Czech Republic, 2008–2009.
- Apollo Education and Training, Haiphong, Vietnam, 2008.

Administrative and Other Professional Experience

2017–2019	**Editorial Assistant** *Journal of Folklore Research Reviews,* Indiana University, Bloomington, IN
Summer 2018	**Editorial Assistant** *Performing Diverse Environmentalisms: Expressive Culture at the Crux of Ecological Change*, (Book manuscript edited by John Holmes McDowell, et al., submitted to Indiana University Press for review)
Summer 2018	**Program Assistant (Contractor)** Society for Ethnomusicology, Bloomington, IN
2017–2018	**Grants Consultant** Indiana University GradGrants Center, Bloomington, IN
Summer 2017	**Archival Processor** Indiana University Archives, Bloomington, IN
2015–2016	**Graduate Assistant** American Folklore Society, Bloomington, IN
Spring 2015	**Research Assistant** Dr. Diane E. Goldstein, IU, Bloomington, IN
2011–2013	**Archival Processor** Indiana University Archives, Bloomington, IN
Summer 2011	**Editor and Archival Fact Checker** Indiana University Office of the President, Bloomington, IN
2010–2011	**Circulation Page** Monroe County Public Library, Bloomington, IN

Grants, Fellowships, and Awards

2017–2019	Indiana University Merit Fee Scholarship
2016–2017	Indiana University College of Arts and Sciences Dissertation Fellowship
2015	Indiana University College of Arts and Sciences Travel Award

2014	Annual Meeting Student Travel Grant from the American Folklore Society
2014	Folklore Fellowship Award—IU Department of Folklore and Ethnomusicology
2014	Henry Glassie Teaching Award (Honorable Mention)—IU Department of Folklore and Ethnomusicology
2013	Chair's Recognition Award—IU Department of Folklore and Ethnomusicology
2013	Seminar accepted by IU's Collins Living-Learning Center
2011–2016	Indiana University Merit Fee Scholarship

Publications

Book Reviews

2017 Review of *Icelandic Grimoires: Practical Secrets of the Northern Grimoires*, by Stephen E. Flowers. *Journal of Folklore Research Reviews*, posted April 12.

2015 Review of *The Social Life of Spirits*, edited by Ruy Blanes and Diana Espírito Santo. *Journal of Folklore Research Reviews*, posted February 4.

Public Contributions

2014 "The Henry H. H. Remak Collection Has Been Processed." *Indiana University Archives: Blogging Hoosier History*, posted January 9.

2014 "The Student Religious Cabinet—A Student Organization Concerned with Overcoming Religious and Racial Differences." *Indiana University Archives: Blogging Hoosier History*, posted February 28.

2014 "Remembering Our Track and Field Olympic Greats." *Indiana University Archives: Blogging Hoosier History*, posted July 18.

2012 "'A Pure Artist Working for the Good of the Cause': The Creative Endeavors of Henry H. H. Remak." *Indiana University Archives: Blogging Hoosier History*, posted on June 13.

2012 "Henry H. H. Remak As Administrator, or As He Put It, 'a Lamb in Lamb's Clothing.'" *Indiana University Archives: Blogging Hoosier History*, posted on March 7.

2012 "Still Together: The Love Story of Otto and Mathilda Klopsch." *Indiana University Archives: Blogging Hoosier History,* posted on February 14. Republished in *IU Home Pages,* February 20.

2012 "Processing Blog #7: The Henry H. H. Remak Collection." *Indiana University Archives: Blogging Hoosier History,* posted on January 4.

2011 "Henry H. H. Remak: An Angel in Disguise (Processing Blog #6)." *Indiana University Archives: Blogging Hoosier History,* posted on October 6.

2011 "IU's Civilian Pilot Training Program." *Indiana University Archives: Blogging Hoosier History,* posted on September 26.

2011 "Henry H. H. Remak as 'The Mad Dutchman': A Sigma Alpha Mu Fraternity Brother (Processing Blog #5)." *Indiana University Archives: Blogging Hoosier History,* posted on August 4.

2011 "The Henry H. H. Remak Collection: Processing Blog #4." *Indiana University Archives: Blogging Hoosier History*, posted on July 11.

2011 "Update on the Henry H. H. Remak Collection." *Indiana University Archives: Blogging Hoosier History,*posted on June 15.

2011 "Processing the Henry H. H. Remak Collection Continues." *Indiana University Archives: Blogging Hoosier History,* posted on May 26.

2011 "The Papers of Former IU Professor Henry H. H. Remak Are Now Being Processed!" *Indiana University Archives: Blogging Hoosier History,* posted on May 19.

Academic Presentations

Conference Presentations

2019 "The Mad Doctor of the PennHurst Haunted Asylum: Paying for Fear and Internalizing the Stigma of Mental Healthcare." International Society for Contemporary Legend Research. Memphis, TN, June 29.

2017 "Haunted by a Woman's Madness: Unwed Pregnant Mothers and Victims of Abuse in Supernatural Legends about Female Mental Patients." American Folklore Society Annual Meeting. Minneapolis, MN, October 20.

2016 "Contemporary Mediumship and the Empathetic Experience of Mental Illness." American Folklore Society Annual Meeting. Miami, FL, October 21.

2016 "New Digital Tools and Resources for Folklorists." American Folklore Society Annual Meeting. Miami, FL, October 22.

2015 "Inside a Padded Cell: Living Mental Illness Through Legend and Ostension." International Society for Contemporary Legend Research. San Antonio, TX, May 27.

2014 "Removing the Straightjacket: The Negotiation of Denbigh Asylum through Legend and Belief." American Folklore Society Annual Meeting. Santa Fe, NM, November 6.

2014 "Haunting the Asylum: Community Reactions to Mental Illness and Institutionalization at Indiana's Abandoned Central State Hospital." International Society for Contemporary Legend

Research. Prague, Czech Republic, June 4.

2013 "'Turning on the Light': Séance Room Narratives in Victorian Era Britain as Tools for Social Transformation." American Folklore Society Annual Meeting. Providence, RI, October 19.

Invited Workshop Presentations

2018 "Grants and Grant-writing." Workshop for graduate students at Indiana University–Purdue University Indianapolis, Indianapolis, IN, March 21.

2018 "Tales from the Field: A Graduate Student Research Roundtable." Workshop for Indiana University graduate students. The University Graduate School's Graduate Mentoring Center, Bloomington, IN, February 28.

2018 "The Art of Proposal Writing." Workshop for Indiana University graduate students. Social Science Research Commons, Bloomington, IN, February 14.

2018 "External Funding Resources for Graduate Students." Workshop for Lilly Family School of Philanthropy doctoral seminar, IU–Purdue University Indianapolis, Indianapolis, IN, January 16.

2017 "Grant Writing Tips." Workshop for IU School of Informatics, Computing and Engineering doctoral seminar. Social Science Research Commons, Bloomington, IN, November 15.

2017 "Introduction to Funding Databases." Workshop for Indiana University graduate students. Social Science Research Commons, Bloomington, IN, September 13.

Invited Undergraduate Classroom Lectures

2018 "Ostension and Legend Tripping." Indiana University, Bloomington, IN, September 24.

2017 "Memorates." Indiana University, Bloomington, IN, May 17.

2014 "Legend Tripping." Indiana University, Bloomington, IN, July 17.

2014 "Witchcraft and Tourism in Salem, MA." Indiana University, Bloomington, IN, February 24.

2013 "Legends in Popular Culture." Indiana University, Bloomington, IN, November 13.

2013 "Legend Tripping." Indiana University, Bloomington, IN, September 16.

2013 "The Legend of Rabbi Loew and the Golem." Indiana University, Bloomington, IN, March 25.

2013 "Urban Legends." Indiana University–Purdue University, Indianapolis, IN, January 29.

2012 "The Memorate." Undergraduate classroom lecture. Indiana University, Bloomington, IN, September 12.

2012 "The Legend of Rabbi Loew and the Golem." Indiana University, Bloomington, IN, April 2.

2011 "Do They Frighten Us or Do We Frighten Ourselves? Vampires, Werewolves, and Human

Monstrosities." Indiana University, Bloomington, IN, December 8.

2011 "A History of Alien Appearances: From Ancient Astronauts to Little Green Men." Indiana University, Bloomington, IN, November 29.

2011 "Strategies for Conducting Library Research." Indiana University. Bloomington, IN, September 29.

Invited Public Presentations

2013 "The Art of Grimoires Uncovered: Magical Books of the British Occult Revival." Public lecture. The Venue Fine Art and Gifts, Bloomington, IN, May 21.

Exhibitions

2013 "Two Turkey Call Makers—Bill Barker and Tim Oldham, Jr." Guest Curator for the Rotating Exhibit Network, Traditional Arts Indiana, Bloomington, IN.

2013 "Grimoires Uncovered: Magical Books of the British Occult Revival." Guest curator for the Lilly Library, IU, Bloomington, IN, February 1–June 7.

2012 "A Folklorist's Progress: Stith Thompson's Impact at Home and Abroad." Guest curator for the Lilly Library, IU, Bloomington, IN, November 12–19.

2011 "Folklore and IU: A Library Exhibition." Co-curator for the 2011 American Folklore Society Meeting. IU, Bloomington, IN, October 1–31.

Service

2017–2018	Graduate Student Mentor, IU Department of Folklore and Ethnomusicology
2015–2016	Open Folklore Project Team Member, American Folklore Society/IU Libraries
2016	Lotus Blossoms World Bazaar Volunteer
2015	Lotus World Music & Arts Festival Volunteer
2012	Co-organizer, Hoosier Folklore Society Conference, November 9–10
2011–2013	Co-Vice President, Hoosier Folklore Society
2011	American Folklore Society Annual Meeting Intern
2011	Interviewer for the IU Bicentennial Oral History Project

2011	IU/OSU Folklore & Ethnomusicology Student Conference Volunteer
2010–2011	IU Folklore Student Association Secretary
2010–2011	IU Folklore Student Association Faculty Liaison
2010–2011	Article reviewer for *Folklore Forum,* IU Department of Folklore and Ethnomusicology
2005–2007	Poetry editor for *Montage*, student literary arts journal at University of Illinois

Languages

English—Native
Azeribaijani—Beginner
French—Reading proficiency
Spanish—Reading proficiency and conversant

Professional Affiliations

American Folklore Society
- Archives and Libraries Section
- Folk Belief and Religious Folklife Section
- Graduate Student Section
- New Directions in Folklore Section

Belief Narrative Network
Bloomington Academic Advising Council
International Society for Contemporary Legend Research
International Society for Folk Narrative Research
National Academic Advising Association
Western States Folklore Society